# FOR STATE

HEALTH DEPT.

sctor. Page your files. TO DEPUTY 12 CALL EXAMINER: This certificate should be executed within 24 hours after death. If any delaplease execut. Frantificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremetion, or removel, and in any event within 72 hours after death.

VS. A15ME/

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 02395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	1		(Where decessed livad, If is	nstitution: Residanca befora admission)
WASHINGTON	MARYLAND	e. STATE MARY	LAND b. COUNT	WASHINGTON
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utsida corporate limits, writa	RURAL and give nearest fown)
HACE PSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (If not in h	MINUTES	HAGERSTO		
100 BLOCK N. JONATHAN STR		122 ROSS STR	EET	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middla	Last 4	DATE Month	Dey Yaer
(Typa or print) CARL	NMN	AKOWSKY	DEATH FEBRUA	ARY 23 1962
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yaers )	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOW	VED TO DIVORCED	JUNE 13 1896	65 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, avan if retired)	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
THE PARTY OF THE P	SALVAGE COMPANY	POLAND	h.c	U.S.A.
		14. MOTHER'S MAIDEN NA		
UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO.   17. I	UNKNO		
(Yes, no, or unkown) (Ifyasgivewarordetasofservica)			800 81st AVEN	VUE
NO   2,		RL F AKOWSKY	WASHING	
PART I, DEATH WAS CAUSED BY:	fina for (a), (b), and (c).)	-146	1 0 1	ONSET AND DEATH
IMMEDIATE CAUSE (e)	warm & Rute	whend Temor	slepe and	
DUE TO		0160	1	127
Conditions, if any, which (b)	actually Permet	leftown	my where	- Description
(a), stelling the underlying DUE TO		-1		~
causa last. (c) Co	noney a	there relas	in lever	- 13 fr
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO PEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	
PART II. OTHER SIGNIFICANT CONDITIONS CO				YES PERFORMED?
	RIBE HOW INJURY OCCURED. (E	nter netura of injury in Pert I o	r Pert II of itam 18.)	, <u> </u>
3 20c. TIME OF INJURY Month, Day, Year   20d.	. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
Hour a.m. Whi	laNoi Whila fecto	ory, street, office bldg., etc.)	zen (any or lown)	(commity) (commity)
21. I certify that I took charge of the re-	mains described above, he	d an Autopsy 🖳 Ins	pection , Inquiry	and in my opinion
death resulted from: Natural causes	. Accident . Suici	de . Homicide	. Undetermined mai	nner []
1 501	142	CHIEF MEDICAL EXA	MINER	
ACTUAL A COUL	Into 4	M.D. ASSISTANT MEDICAL		26-62 DATE SIGNED
EXAMINER'S E.W.DITTO JR.	M. D.	DEPUTY MEDICAL EX. Addrass (Streat, city,		WASHINGTON ST.
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 220	LOCATION (City, lown, o	1
BURTAL 2-27-62	ST. PAUL'S CE	METERY V	VILSON DISTRIC	CT MARYLAND
23. FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR   246. REGIS	TRAR'S SIGNATURE
SUTER-ROUZER FUNERAL HOME	HAGERSTOWN MD	DATEMAR	1 '62 will	VA S. Thomas

TO SEE TO THE PERSON NAMED IN THE PERSON NAMED The second second delif at any the same of the same of the A Committee of the Comm and a series of the second trust six Terrors W THE RESERVE OF THE PARTY OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 in the retained by the hospital or attending physician.

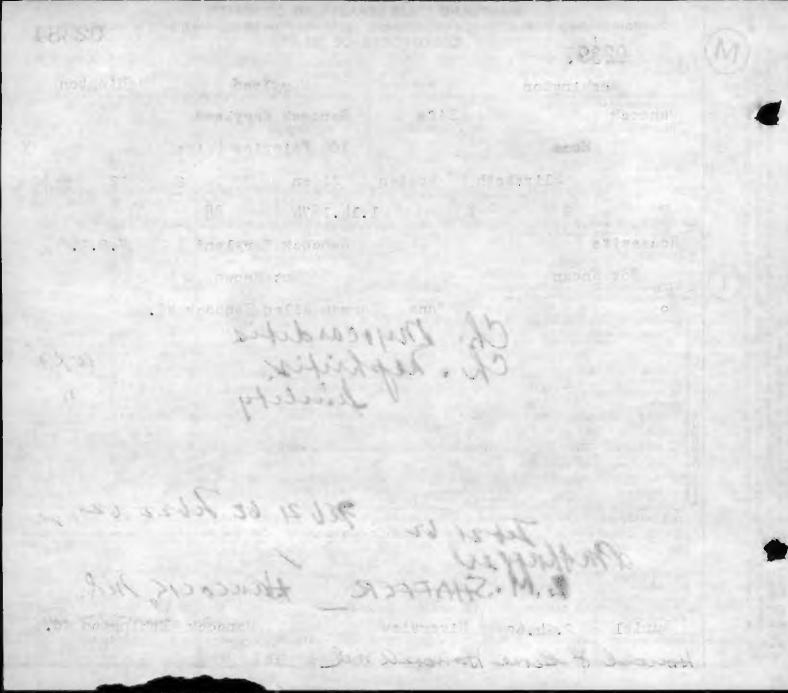
TO FUNERAL IN SCIOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be filled with the State Dept. of Health prior to burial, cemation, or removal, and in any event, within 72 hours effer death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND STATISTICAL RESEARCH AND RECORDS AN

	1, 1	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where dacease	d fived, If insti	tution, Residen	ce before e	dmission)
		Washing	ton	MARYLAND	9.7	land		ashing	ton	
	ŀ	b. CITY OR TOWN (if outside corpore	eta limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate	limits, write RU	RAL and give	neerest tow	n)
		write RURAL end give neerest too Hancock	wnj	Life	KHancock	Marvlan	d			
1	6	d. NAME OF HOSPITAL OR INSTITU	TION (if not In hos	pitel, give street address)	d. STREET ADDRESS	J	-			SIDENCE FARM?
		Home			104 Fair	view Dr	ive			NO D
		NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Yeer	
		(Type or print)	lizabet	n Motten	Allen	DEATH	2	22	19	62
	5.	SEX 6. COLOR OR	RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years   IF the birthday)		IF UNDER	
		F B	WIDOWE	DIVORCED [	.14.1874	88	yrs.	onths Deys	Hours	Min.
		. USUAL OCCUPATION (Give kind ne during most of working life, even		ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or forei	n country)	12. CITIZEN O	F WHAT C	OUNTRY?
	001	Housewife	it tettien)		Hancock	Marvlan	d	U.S	- A -	
	13.	FATHER'S NAME	,		14. MOTHER'S MAIDEN					
1		Not Known			Not	Known				
1		WAS DECEASED EVER IN U.S. ARMI		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	(100	No.	4143013614166)	None E	Burman Alle	n Hanco	ck Md.			
		18. CAUSE OF DEATH  Enter of	nly one cause per		/ .	1		IN	ERVAL BET	WEEN
		PART I. DEATH WAS CAUSED IMMEDIATE CAL		h. Iny	ocarai	fix			36111140	
		C 13 - 31	OUE TO		0 . 1 .				1114	1
		Conditions, if any, which	(b)	h, ret	my				wx	0
		geve rise to Immediate cause	OUE TO	11	11 0	3				
		(a), stating the underlying cause lest.	(c)	V	Mull	14			11	
	Z	PART II. OTHER SIGNIFICANT		TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DIFEASE CON	DITION GIVEN	IN PART 1(e)   1	9. WAS A	UT OPSY RMED?
	Ä									NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING		CRIBE HOW INJURY OCCURE	O. (Enter nature of injury in	Pert I or Pert II of it	em 18.)			
	-	OR CONTRIBUTING CAUSE OF E	MINER)							700
	MEDICAL				ACE OF INJURY (Home, ferr		own)	(County)		(Stete)
	WED	Hour a.m.	19 While	INDI AAUIIIA	9-10:	1 10	61		,	
		21. I certify that (I) (this	hospital atten	ded the deceased from	121, 41.	19660	WL	196	hat (1) (	last
		saw the deceased alive on.	-/./	- / 5	death occured at	M, from the	e causes and			
		22e. SIGNATURE	0	1						DATE
		ana	MYL	V,			HYS.			SIGNED
,		22c. PHYSICIAN'S	· KA	CHARAC	22d. ADDRESS	1000		2	D	
		NAME (Type)	8 (14) 40	>++++-	K X	June	145	Inc	1	
	23a		TE THEREOF	23c. NAME OF CEMETERY	OR -CREMATORY	23d. LOCATIO	N (City, town	or county)	(5)	lete)
		Burial 2.	211.62	Riverview		Hanco	ck Was	hingt	on Mo	1.
	24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	25e. RE	C'D BY REGISTRAR	25b. REGIST	TRAR'S SIGNA	TURE	
1	1	Housel He	your.	Hansel	mol DATES	EB 2 7 '62	Onth	wo & the	ra.	
1	-	V					- 1			



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ISION	OF STATISTICAL	L RESE	ARCH	AND	RECO	RDS,	301	¥
	of statistical		-	CERT	FIFIC	ATE	01	F

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1=			
<b>]</b> 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if inst	filution: Residence before edmission)
	WASHINGTON MARYLAND	MARYLAND COOM	WASHINGTON
	b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RI	URAL end give nearest town)
	HARTERSTON Norvent town) LIFE	03 HAGERSTOWN	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	224 S. MULBERRY ST.	226 S. MULBERRY ST.	YES NO N
3		IDREWS 4. DATE Month OF DEATH FIBRU.	ARY 27 1962
	F'EMALE WHITE WIDOWED DIVORCED	DATE OF BIRTH  6/3/1888  9. AGE (In years If last Airthday)  (Cyrs.	UNDER 1 YEAR IF UNDER 24 HRS.
10	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if relired)	1 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Housewife Home	MAPYLAND	U.S.A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM BOWERS	IDA McCALL	
12	day an am and a could be determined as the second as the s	NFORMANT Address H.	AGERATOWN
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
	PART #. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Coronary thror	phosis	5 minutes
		c heart disease	Indefinite
	Conditions, if any, which (b)		
	(e), steting the underlying DUE TO		
	couse lest. (c)		
OF N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
3	Cerebral arteriosclerosis; Chole	lithiasis	YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)	
WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 201, (City or lown)	(County) (Stele)
ME	p.m. 19 el work et work		
	21. I certify that (I) (this hospital) attended the deceased from	9-7-1957 19 death	, 19, that (I) (we) last
	saw the deceased alive on2-12-6219, end that	death occured of 45MP from the causes an	d on the dete stated ebove
	220. SIGNATURE Paul Harrison		22b. DATE
	On Brust 4 Lander	D. PHYS. DIRECTOR PHYS.	2-24-62 SIGNED
	22c. PHYSICIAN'S Paul Harrison	22d. ADDRESS	
	NAME (They Robert F. Keadle	Hagerstown, Md.	
2:	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county) (Stete)
	REMOVAL (Specific) 2/26/62 ROSE HIL	CEM HAGERSTON	N PAD.
2	FUNERAL DIRECTOR'S SIGNATURE A ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	W.J. Mesurent Harsolow	711 DATE FEB 2 7 '62	In 2 Kana
4	, , , , , , , , , , , , , , , , , , ,		The state of the s

EXCESS! - SWINSON VINERAL STATE STATE OF PERSON PROPERTY.

VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF ILLEGATION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02387 02399

	L COUNTY	1				a. STATE		- b coll	Aman a		
-		shington		MARYLA		Mar	ylan	,a.	wasni	-	
	write RURAL and	if outside corporate limit give nearest town)	fs,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside o	orporala limits, writ	a RURAL and give	neerest town	1
R		nesburg		50 yrs.		(Rural) Pi	Lnest	urg	X		
	d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in he	ospital, give street address)		d. STREET ADDRESS			1	e. IS RES	FARM?
	illiamsp	ort RFD #	<i>f</i> 1			Williamsp	port	RFD #1	Md.		NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	E Mont	h Day	, Ass.	
	(Type or print)	Mary	I	atherine	B	anzhoff	DEA	TH Feb	. 20	) 19	62
5.	SEX	6. COLOR OR RACE		ED NEVER MARRIED	8.	DATE OF BIRTH	-	9. AGE (In years	IF UNDER 1 YEAR		24 HRS.
F	emale	White	WIDOW		_ A	ug. 22 187	74	87 yrs.	Months 28	Hours	Min.
101	. USUAL OCCUPAT	ON (Giva kind of working life, even if retire	106.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Cour	nty & Stele,	or foreign country	12. CITIZEN	OF WHAT CO	OUNTRY?
"	Housewi		10)	Home		Marylar	br		U.S.	A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN			0.0.	Article Control of the Control of th	-
	George	Unger				Elizabet	th Bu	rger			
	WAS DECEASED EV	ER IN U.S. ARMED FOR		. SOCIAL SECURITY NO.	17. II		02.		sburg	-	47
(Te	NO (I	fyergivewarordalasofs		none	Mr	Kellen B	o with	- TIL	Spurg	mak Mid	#1
		EATH lenter only one		line for (a), (b), and (c).]	111	chierle	STIKIL	OIT WIT	Lamspo	TERVAL BETY	RED
		H WAS CAUSED BY.	11	2 1111 11	7.	1- 1	1/	Inan )	و مد	ASET AND DI	
	4	IMMEDIATE CAUSE (a)	116	· My 10	MA	care	M	1001	100 1	11/1/0/0	WHI
	1	DUE TO						/			,
	Conditions, if any	10)									
	geva rise to immedi (a), stating the u	DISC TO		/			/				
	causa last.	(c)									
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BE	UT NO	RELATED TO THE TERM	NAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS AU	TOPSY
NATE OF											10
CERTIFICATION	200. ACCIDENT W.	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCC	CURED.	(Enter nature of injury in	Pert I or Pe	rt II of item 18.)	-		
E	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye	2.000			CE OF INJURY (Homa, farr		City or town)	(County)	(5	State)
MEDI	Hour a.m.	10	While at wo		PRICTO	ry, street, office bldg., etc	1		1		
-		hat /II /this bassi	al) dia	nded the deceased for		2/2016	10-	10 2/20	1626	that (I) (v	tool (as
	//	,	1	7/12			1	-///			
	saw the decreas	ed alive on.	5	/ ало	mar	death occured at		om the causes	and on the		DATE
	10/	111 4	1. 1	10/		DULINE 1	MED. DIRECTOR	STAFF	9/10	Fle	SIGNE
	22c. PHYSICIAN'S	Ju fa	10	un of	M.	22d, ADDRESS	DIRECTOR	PHYS.	47	76	_
	NAME (Type	RALPH	F	: Yloving		WILLIA	AMSP	ORTA 1	MAKY!	LAKE	>_
231	BURIAL CREMATI		REOF	23c NAME OF CEME	TERY C	R CREMATORY	23d. 10	OCATION (City, to	wn or county)	(Ste	to)
F	REMOVAL (Specify)	Feb. 2	3-62	Rivervie	W	emetery	Wi:	lliamspo	ort Md.		
-	FUNERAL DIRECTOR		1113	M / ADDRESS-A	mi		C'D BY REC	GISTRAR 256. RE	GISTRAR'S SIGNA	ATURE	
10	ellert o	L. Leof	We	eleconscient of	114	DATE	FER 2	0.21.0			
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The property	They was referred perel foul or	To hey rea	
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The property	They was referred perel foul or	To hey rea	
The property	They was referred perel foul or	To hey rea	
The property	They was referred perel foul or	To hay rea	
The property	They was referred perel foul or	To hay re	
The property	apple style	om of	
Stocker 1	They was referred perel foul or	1 mg	

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 np. be retained by the hospital or attending physician. TO FUNERAL COOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then mease remove carbon mapers. Pages and 2 should be distant to burial, cremation, or removal, and in any event, within 72 hours make display.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 tem 8 Film 6308 2/28/62 iwk

		T+mm Q William (	27/18 3/38/63	marla.	
1. PLACE OF DEATH	K	Item 8 Kilm (		(Where daceased lived, If institution:	
Was	hington	MARYLAND	a. STAT Marylan	nd b. COUNT Was	hington
b. CITY OR TOWN	if outside corporate limits,	c. LENGTH OF STAY IN 16		tsida corporata limits, write RURAL a	nd give nearest town)
Hagers	d give neerest town)	2 Weeks	03 Hagers	town	
	TAL OR INSTITUTION (if not in he		d. STREET ADDRESS		e. IS RESIDENCE
514 Nor	th Mulberry	Street	514 North	Mulberry Stre	et YES NO
3. NAME OF DECEASED	First	Middle	Lest 4.	DATE Month	Dey Yeer
(Type or print)	Edgar	N. M. N.	BENNETT	Feb. 21	19 62
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	DATE OF BIRTH 1889	7. AGE (In years HF UNDER	1 YEAR IF UNDER 24 HRS.
Male	White widow	ED X DIVORCED	May 3 VSST	lest birthdey) Months	Deys Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work   10b.	KIND OF BUSINESS OR INDUST	RY II. BIRTHPLACE (County &	Stein, ar Weign Wentry) 12, C	TIZEN OF WHAT COUNTRY?
	luctor W. M. RR	Retired		int Berkley Co	USA
_	_				
	Bennett	Talanin saananan ta	Ella Po		-
	/ER IN U.S. ARMED FORCES? 16			Address	himmetan at
no			onald Bennet		hington st
	DEATH [Enter only one cause per			Hagerstown Md.	ONSET AND DEATH
PARI I. DEAI	TH WAS CAUSED BY:  IMMEDIATE CAUSE (+)	Myocardial I			5 min
720	DUE TO	Chr Conjestiv	e heart failur	e	months
Conditions, if an	y, which \ (b)		otic heart dis		yrs
geve rise to immed (a), steting that	- DIJE TO				
ceusa last.	le)				
Z PART II. OTHE	R SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY
ATIO					YES NO DO
200. ACCIDENT W	AS UNDERLYING []   20b. DE	SCRIBE HOW INJURY OCCURE	). (Enter neture of injury in Part	I or Pert II of Item 18.)	
O (IF EITHER, NOTIFY	MEDICAL EXAMINER	none			
20c. TIME OF INJU			ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)
Hour a.m.	none 19 of we	ile Not While 100 ork et work	none	-	
	that (I) (this hospital) atte	nded the deceased from	Aug. 19	61 to Feb 21 19	62that (I) (and last
				M, from the causes and on	
226. SIGNATURE	360 all 46 Oll	- Y.W IZ allu illa	death occured appropria	Wi, Woll the causes and on	22b. DATE
-41	ed R. Trie	Tal Q-	ATTENDING MED	STAFF	2-22-62
22c. PHYSICIAN'S		in y	22d. ADDRESS		2-24-04
NAME (Type		itch, Jr. M.D		omac Street- Hage	rstown, Md
23a. BURIAL, CREMAT REMOVAL (Specify	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	The second of th	3d. LOCATION (City, town or cour	
Buria	2/24/63	Rest Haven	Cemetery	Hagerstown.	Md
24 FUNERAL DIRECTO		ADDRESS	25a. REC'D	BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
Andrew	V Caffman	Hagerstown.	MA DATEFER	2 6 '62 Cirching &	". Thous
	COLL III	PROPERTY CONTRACTOR OF THE PARTY OF THE PART	Md. IDAILE		

11.12 RENED) STREET STREET The state of the same of the s AND THE SECOND SECOND SEED TO THE PROPERTY OF THE SEEDS The state of the s and the second control of the second second - Son of I to the origin and a serie water were not THE RESIDENCE OF THE PARTY OF T All the state of the second control of the s and the property that we will be the beauty of the state of ALL ARTHUR LAND OF THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 92401 CERTIFICATE OF DEATH filed with PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission) Washington County o. STAVE st Virginia b. COUNTY MARYLAND Berkeley b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Martinsburg d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 512 West Martin Street Williamsport Sanitarium YES NO D NAME OF Middle DATE Day DECEASED (Type or print) Meveral Clagett DEATH Blondel February 23 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours male white WIDOWED [ DIVORCED [ December 1962 papers. yrs. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! retired Interwoven Stocking Company West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Anthony Blondel Clara Huber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Martinsburg, W.V ne Mrs. Mary C. Blondel, 512 W. Martin Street 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (o). INTERVAL BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate ğ.£ **DUE TO** couse (a), stating the underpuo lying couse last. burial-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING, TO DEATH BUT NOT RELATED LOCATE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? YES | 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour a. n. factory, street, office bldg., etc.) Not while While at work of wark p. m. 21. I certify that I attended the deceased from \_, 19,62,4that I last saw the deceased 1:45AM, fram the causes and an the date stated above. and that death accurred at. ADDRESS (Street, city or town, stole) DIRECT

FUNERAL 0 PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

Removal (Specify)

Dr.

Walter 22b. DATE THEREOF

1962

23Feb.

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 4 DATE

Shealy

Rosedale

22c. NAME OF/CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Central S. Thous

22d. LOCATION (City, town, or county)

Martinsburg

Sharpsburg Maryland

ON A FARM?

Year

1962

NOX

(State)

DATE SIGNED

(Stote)

W. Va.



AM	RYLAND STATE D	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RE	SEARCH AND RECORD	S, 301 W. PRESTON STREET, BALT	IMORE I, MARYLAND
02402	CERTIFICAT	E OF DEATH	02330
ACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	
Washington	MARYLAND	b. STATE Maryland	Washington
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fewn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corporate limits,	
Hospitam	20 1/2	1 Hannatan	

219 Mill St.  3. NAME OF First Middle Last A. DATE Month Day Year (Type or print)  Estella Mary Bond DEATH Gebruary 3 19  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Genale White WIDOWED DIVORCED December 1, 1897  9. AGE (In years   IF UNDER 1 YEAR IF UNDER last birthday) 64 yrs.  ON THE WOOD PRINT OF BIRTH DESTRICT OF BIRTH DEST	SIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  219 Mill St.  219 Mill St.  3. NAME OF  (Type or print)  Estella Mary Bond  5. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH  Generals White WIDOWED DIVORCED December 1, 1897  9. AGE (In years If UNDER Hours)  19 Best birthday)  64 yrs.  10 Best birthday  10 Best birthday  11 Best birthday  12 Best birthday  13 Best birthday  14 DATE  15 DATE OF BIRTH  17 DECEmber 1, 1897  18 DECEmber 1, 1897	
219 Mill St.  3. NAME OF [Iris] Middle Last   DATE   Month   Dey   Year    (Type or pinal)   Estella   Mary   Bond   DEATH   Gebruary   3   19    5. SEX   6. COLOR OR RACE   7, MARRIED   DIVORCED   December 1, 1897   64   yrs.   Months   Days   Hours   Days   Hours    9. AGE (In years   F UNDER 1 YEAR   F UNDER 1 Set birthday)   64   yrs.   Months   Days   Hours   Days   Hours   Days   Hours   Days   Hours   Days   Day	
S. SEX   6. COLOR OR RACE   7. MARRIED   DIVORCED   December 1, 1897   S. SEX   DATE   Month   Day   Year   Month   Day   Year   Month   Day   Year   Month   Day   Year	FARM?
(Type or pinal)  Estella Mary Bond  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Penale White WIDOWED DIVORCED December 1, 1897  9. AGE (In years   F UNDER 1 YEAR IF UNDER last birthday)   Months Days Hours   Months Days Hours   Months Days   Mo	NO [X
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DECEMBER 1, 1897  9. AGE [In years   If UNDER 1 YEAR IF UNDE	62
JERRILE WILLE WIDOWED DIVORCED DECEmber 1, 1897 64 yrs.	24 HRS.
	~~~
10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Nousewife  Own Home  Marion, Penna.  12. CITIZEN OF WHAT CO	DOMIKIT
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Charles Kiser Glorence Deitrich	
15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address  (Yes, no, or unknown) (Ifyasgive war or detector service)	
None None Mrs. Howard Rudisill 221 Mill St. Hagerstown  18. CAUSE OF DEATH [Enter only one cause per line for (s), 1b,, end (c)]  INTERVAL BETT	Md.
PART I. DEATH WAS CAUSED BY:	
1 2 0 DUE TO LOWERY Value Con lumbon	_
Conditions, if eny, which 16 lestern delevoted Hourt Assure 34	_
geve rise to immediate cause [a], stating the underlying DUETO	
Cause lest.  (c)  PART I OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS A	JTOPSY
PERFO	
YES 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW NIJURY OCCURED. [Enter nature of injury in Part I or Pert it of Item 18.] OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town) (County) (Hour a.m. While st work at w	Siere)
P.m. 19 st work at work	
21. 1 certify that (I) (this hospital) attended the deceased from	,
saw the deceased alive on to	above,
M.D. ATTENDING MED. STAFF PHYS.   2/5/62	SIGNED
22c. PHYSICIAN'S NAME (Type) 16 11 22d. ADDRESS	
230. BURIAL, CREMATION, 236 DAYE THEREOF , 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, town or county)	
REMOVAL (Specify)	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
Rest Haven General Chapel Hagerstown, Md.   DATE FEB 8 '62 Combar S. Hours	
Whe. a. Horst	



VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whata deceased lived, If institution: Ras	dence before adm as on)
	Washington MARYLAND	Laryland Washington	
	b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 1b. !	c CITY OR TOWN (If outside corporete limits, write RURAL and c	iva nearest town;
	write RURAL end give nearest town)	A Harmon Annua	
1 -	d NAME OF HOSKITAL OR INSTITUTION (I not in hospital, give size address)	/ Hagerstown	a. IS RESIDENCE
1	1	1	ON A FARM?
	Wash County Hospital	436 W. Washington St	AE2 NO X
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month	Day Yeer
	(Type or print)	WER DEATH Feby 17 196	2 19
5		DATE OF BRTH 9. AGE (In years , F UNDER 1 YE	
	N	Nort 24 7 992 79 yrs.	ys Hours Min.
11	Male White Widowed & D VORCED  b. LSUAL OCCUPATION (Giv. kind of work) 10b. KIND OF BUSINESS OR INDUSTRY	NOV ST LOOS	EN OF WHAT COUNTRY?
6	one during most of working life, even if retired)	Ak. Cl.	
	_Broker Real Estate	Clear Spring Wash Co	USA
1:	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jacob A. Brewer	Carrie Eyerly	
		VFORMANT Address	_
1	as, no, or unkown) (Ifyesgive war or dates of service) No 219-20-2108 Le	Roy E. Brewer 1014 Potona	0 0 270
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		I INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	Hagerstown Ad.	ONSET AND DEATH
	Arteriosclerotic	heart disease with failure	yrs -
	Bundle branch Blo	ck	vrs
	Conditions, if eny, which (b)		3.0
	gave rise to immediate couse DUF TO generalized arter	riosclerosis	yrs
	ceuse last. (c)		
Z	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1	PERFORMED?
A TA	Advanced senility		YES NO T
CFRTHICATION	200 ACC DENT WAS UNDERLYING   206. DESCR BE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of Item 18.)	
100	OR CONTRIBUTING CAUSE OF DEATH		
	None	E OF INJURY (Home, ferm, 201, (City or town) (County	y) (Stete)
MFDICAL	Hour e.m. No While Not While facto	ry, street, office bldg., etc.)	,, (0.0.0)
1 2	p m. 19 et work et work No	ne –	
	21. I certify that (I) (this hospital) attended the deceased from.		2, that (I) (we) last
	saw the deceased alive on	death occured at	e date stated above.
	220 S GIVATURE		226, DATE SIGNED
	Etarald E. Isitch, you	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	2-19-62
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Harold R. Tritch, Jr., MD	302 N. Potomac Street-Ha	g., Md
2	18. BUR AL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, town or county)	(State)
1	REMOVAL (Specify)		
_	Burial 2/20/62 St Pauls Ce		
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SK	
	Andrew K. Coffman Hagerstown Md.	DATE PED 2 1 02 Circhur s. 1	times
\			



VIII A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LONG TO DEATH

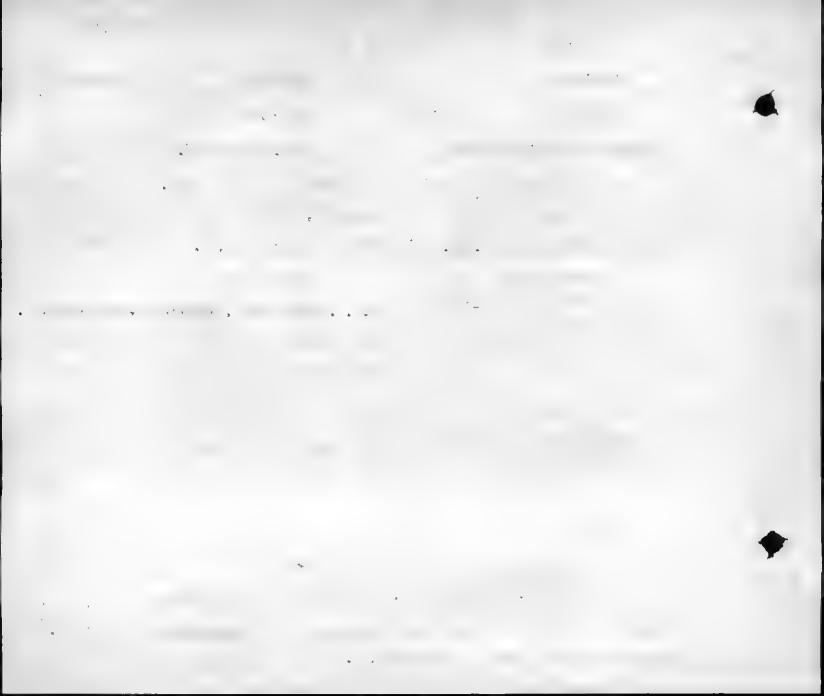
CERTIFICATE OF DEATH

	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution, Re	es dence before edmission)
'	. COUNTY WASHI	NGTON	MARYLAND	e. STATE MARYT, ANT) b. COUNTY WAS	SHINGTON
	b, CITY OR TOWN (	if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
	HAGERSTO	l give neerest town)	5 MONTHS	HAGERSTOWN	
-			in hospile, give street eddress)	d STREET ADDRESS	. IS RES DENCE
96	SO G MATN	AVENUE		960 G MAIN AVENUE	YES NO 18
3.	NAME OF	First	Midd e	Lest 4. DATE Month	Day Yeer
	DECEASED (Type or print)	CLOTTLDA	ANN	BUMBAUGH   DEATH FEBRUARY	18 19 62
5.	SEX	14		DATE OF B RTH 9. AGE (In years   IF UNDER 1	
1	EMALE	_		OVEMBER 16 1883   lest birthday)   Months   C	hays Hours Min.
1De	. USUAL OCCUPAT	ION (Give kind of work 1)	IDS. KIND OF BUSINESS OR INDUSTR	11 BIRTHPLACE (County & State, or foreign country)   12. CITE	ZEN OF WHAT COUNTRY?
do	ne during most of wa	orking life, even if retired)		LITTLESTOWN PENNA	U.S.A.
13.	FATHER'S NAME	Tare		14. MOTHER'S MAIDEN NAME	V.Y.R
	ATIO	GUSTUS LONG		MARY RIDER	
	WAS DECEASED BY	ER IN U.S. ARMED FORCES?		FORMANT Address	
(Te	NO I	lf yasgı ve war or dates of service		S M BUMBAUGH HAGERSTOWN MARYL	ann
		EATH (Enter only one cous	per line for (e), (b), and (c)	b i bombaodii madentolona manili.	I INTERVAL BETWEEN
		H WAS CAUSED BY:	Ertenin clay at	heat du ince	ONSET AND DEATH
	4-3	DUE TO		_	- 0
	Conditions, if any				
	geve rise to 1mmad	iata cause			
	(a), stating the u	indarlying (c)			
N.	PART II OTHE	R SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1,a) 19. WAS AUTOPSY PERFORMED?
ATK		Chron	ic Centralis		YES NO THE
CERTIFICATION		AS UNDERLY NG L 206	DESCRIBE HOW INJURY OCCURED	(Enter netura of injury in Part , or Part I, of Itam 18.)	
1 -		MEDICAL EXAMINER			
CAL	20c. TIME OF INJU	JRY Month, Dey, Year		E OF INJURY (home, ferm, 2Df. (City or town) {Courry, street, office bldg., etc.) }	ity) (Stete)
MEDI	Hour a.m.	19	While Not While fact	y, sirawi, office brogg, sic.)	
	21. I certify I	that (I) (this hospital)	attended the deceased from.	June 1 , 1958, 10 Fet 18 , 150	
	saw the decea	sed alive on	6-18 19 62 and that	death occured at 24M, from the causes and on the	ne date stated above.
	22a. SIGNATURE	. /	1	ATTENDING MED. STAFF	22b. DATE SIGNED
	1 du	Harrison	J	PHYS. DIRECTOR PHYS.	2/20/62
	22c. PHYSICIAN'S NAME [Type	)		22d. ADDRESS	
	<u></u>	PAUL_HARRIS		318 N. POTOMAC ST. HAGERSTOW	
238	REMOVAL (Specify	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	R CREMATORY 23d. LOCATION (City, fown or county	) (Stełe)
<u> </u> _	BURTAL	2-22-62	-AIVE ALAMA	ETERY HAGERSTOWN MARYLA	11
24	FUNELAS DIRECTO	P'S SIGNATURE	ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S S	
SI	JIVER-ROUZE		E HAGERSTOWN MARY	AND DATE FER 2 6 '62   C	d. Thomas



...

1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CONTROL OF STATISTICAL RESEARCH AND RECORDS.
A RES 6	1	UZ4U5 CERTIFICATE OF DEATH
	Л	1. PLACE OF DEATH 2. USUAL BESIDENCE (Where deceased lived, if institution: Residence before admission) 6. COUNTY (Ideah) and b. COUNTY (Ideah) and the country (Ideah) and th
ath 2		Waarungoon Maryland Hadyland Washington
24 <b>1</b> 24 24 24 24 24 24 24 24 24 24 24 24 24		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest fown)  Like  Haaerstown
thin led i	3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
ily fill is. P. Fill hour		Washington County Hospital 664 N. Prospect St. YES NO IX
plete		3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
S S Hilling		(Type or print)  Charles  Ervin  Burger  5 SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BRTH  9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.
Pie S		Male White widowed Divorced Dely 22, 1887   July 32, 1887   Ju
rical cian ove		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hysi rem any		Furniture Finisher Furn. Mfg. & Aircraft Smithsburg, Md. USA
17 mg p		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
endii n pl		Jacob Burger  15. WAS DECEASED EVER IN J.S. ARMED FORCES?  16 SOCIAL SECURITY NO., 17. INFORMANT  Address
at the The roval		(Yes, no, or untown) (Ifyes give were deles of service) 217-10-3304 Mrs. C. E. Burger 664 N. Prospect St. Hagerstown, Md
ss tha	-	TB. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
quire		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) LOT palmento (trelation)
Sign Paragraph of the contract		DUE TO
endir endir been rial-t cren		gaya rise to immediale causa // //
r after has has bu		(a), stating the underlying DUE TO
IAN tal o tal o tal o		PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?
SIC lospi artifi use		3 Omplegeen, presenti
he he has sis o sis o for he he he		206 ACCIDENT AS UNDERLYING TOUT DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OF CONTRIBUTING TOUT MEDICAL EXAMINER. OF THE REPORT OF THE REPOR
Signal Check		
Aforta Af		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (C.ty or lown) (County) (State)  Hour a.m. While Not While fectory, street, office bldg., etc.)  p.m. 19 et work at work
reta FO B Dept		21. I certify that (I) (th's hospital) attended the deceased from
A Selde		saw the deceased alive on
O S Sh		228. SIGNATURE  ATTENDING MED. STAFF PHYS DIRECTOR PHYS. 7 226 DATE 27 DATE 28 DATE 27 DATE 28 DATE 28 DATE 27 DATE 28
TAI RAI RAI age		22c. PHYSICIAN'S 22d. ADDRESS
DSPI Pa JNE Por, p	To the	NAME (Type) Howard N. Weeks, M. D. 136 N. Potomac Street
Erect Seath		23a, BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
H H		Burial 2/12/62 Rest Haven Cemetery Hagerstown Md
15M 7761		Rest Haven General Chapel Hagerstown, Md. DATE FEB 1 3 '62 ( 1 M S. Kraus
1/1		We G storof
		and, we provide the second sec



VS. A15ME 5M 7/59

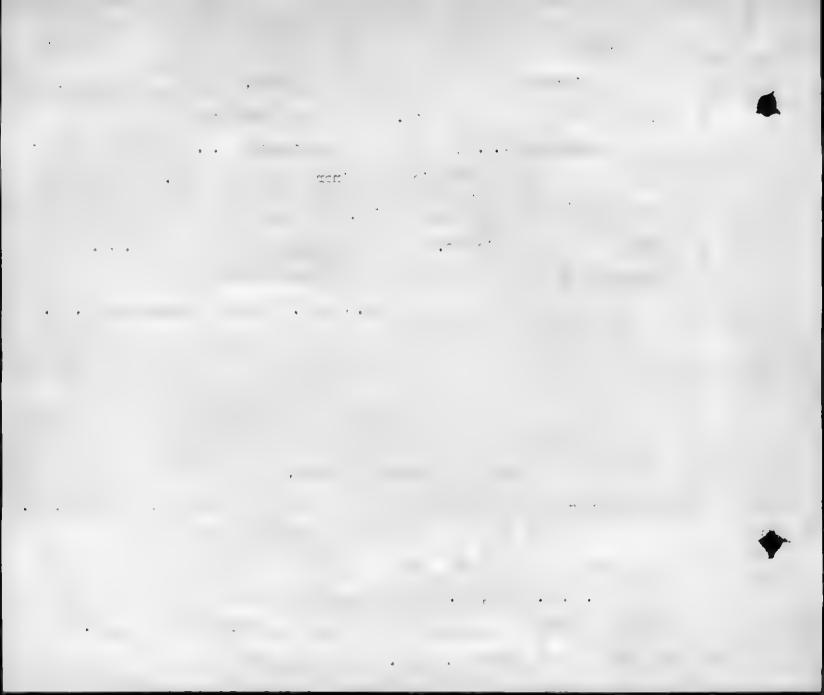
### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12394

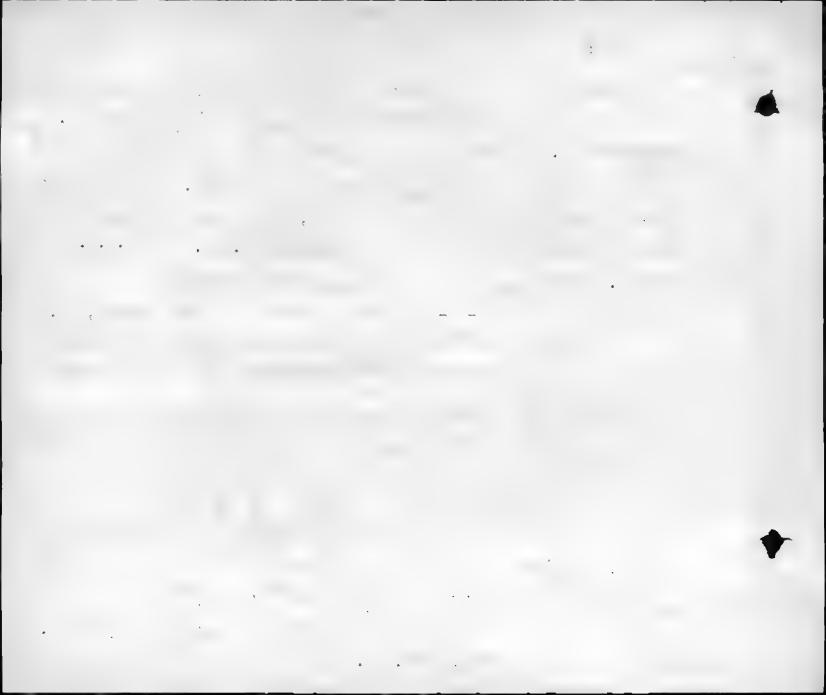
I. PLACE OF I	EATH			sed lived, If institution, Residence before edmission)	
b. CITY OR TO	Washington OWN (7 outside corporate limits,	MANYLAND	e. STATE Penna. c. City OR TOWN (If outs'de corporate	b. COUNTY  Washington  Limits, write RURAL and give neerest town)	
	Lagers town Hospital or institution lif no	22 yrs.	Rural Hagersto	IS RESIDENCE ON A FARM?	
3. NAME OF DECEASED	Hagerstown	R.D. #5	Hagerstown R.	- "	
(Type or pant)	John	Frederick	Cantner DEATH	Feb. 23 19 62	
5 SEX	6. COLOR OR RACE 7.	MARRIED TO NEVER MARRIED 1 8	. DATE OF BIRTH	SE (In yeers   IF UNDER 1 YEAR, IF UNDER 24 HRS.	
Male	1.71. 4 4		an. 17, 1914	Months Deys Hours Min.	
10e. USUAL OCI done during mos	UPATION (Give kind of work of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stere or foreign country		
Weld		Frick Co	Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.	
15. WAS DECEAS	rt Cantner  ED EVER IN U.S. ARMED FORCESS vn)   (Ifyesgive werordelex of service)	1 16 SOCIAL SECURITY NO. 17. 1	Florence Saunders	Address	
No	· ·		s. John F. Cantner	Hagerstown #5, Md.	
	OF DEATH (Enter only one cau DEATH WAS CAUSED BY:	se per line for (e), (b), end (c).)		INTERVAL BETWEEN ONSET AND DEATH	
47	IMMEDIATE CAUSE (+)	Gunshot Wound Of	Chest.	Instant	
Conditions,	f any, which ) (b)				
	mmediate cause DUE TO			1	
cause last.	) (c)				
PART I.  PART I.  20a EXTERN PRIMARY 30 CAUSE OF D		S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?	
20s EXTERN PRIMARY XO CAUSE OF D	or CONTRIBUTING [	`	inter nature of injury in Part I or Part II of Item	18.)	
20c. TIME C	F INJURY Month, Day, Year	While Not While   fect	d of chest. CE Of INJURY (home, form, 201, (City or long, street, office bldg., etc.)	own) (County) (State)	
	рт. 2-23- 1962	et work et work	Home Route 5 Hage	erstown Washington Md.	
			ld an Autopsy , Inspection	Inquiry, and in my opinion	
death resu	Ited from. Natural cause	s Accident Suic		armined manner	
ACTUAL	1/50	F 7	CHIEF MEDICAL EXAMINER		
SIGNATUI	E Ma CU	And Fr	M D. ASSISTANT MEDICAL EXAMINER		
EXAMINE NAME (Type		tto In	Address (Street, city, town, or coun	2-24-62	
	MATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		(City, town, or country) (State)	
Buri	2/27/62	Ringgold	Hagerst		
23 UNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
raccue	of those Way	mesboro, Penna.	DAFER 2 7 '62	17 Thur & House	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR) CERTIFICATE OF DEATH should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) **a.** COUNTY **6. COUNTY** WASHINGTON WASHINGTON 0 (4 MARYLAND b. CITY OR TOWN (it outside corporate limits. c. CITY OR TOWN (If putside corporate limits, write RURAL and give neesest lown) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) CLEAR SPRING. HAGERSTOWN RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NONE YES NO CO. HOSPITAL WASHINGTON 3. NAME OF Middle Last A DATE Month DECEASED (Type or print) DEATH 19 62 GRACE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F AGE (In years | IF UNDER 1 YEAR " IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months and Days Hours Min. WIDOWED [ 8 14 DIVORCED 63 FEMALE physician 10b KIND OF BUSINESS OR INDUSTRY : 11 BRTHPLACE (County & Stele, or foreign country) Ma. USUAL OCCUPATION (Give kind of work ò done during most of working life, even if retired) WASHINGTON CO. HOME DUTIES attending pt 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ڃ. MAY CLOPPER JOHN H. CARBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) I (If yes give war or dates of service) SPRING MD. NO NONE 213-40-4700 MRS OLIVE CLEAR ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY ARTERY OCCLUSION WITH MYOCARDIAL 2 hours. IMMEDIATE CAUSE (e) INFARCTION **DUE TO** HYPERTENSIVE CARDIOVASCULAR DISEASE Unknown Conditions, if any, which pave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART ILO 19. WAS AUTOPSY PERFORMED? NO TXX 20m. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert t or Peri li of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form. 201. (City or town) (Stelle) fectory, street, office bldg., etc.) While Not While et work at work 10 Feb February 21 19 59 24 19 62 that (I) (we) last IO 21. | certify that (I) (this hospital) attended the deceased from...... 10.62 and that death occured at 10:10, PMom the causes and on the date stated above, saw the deceased alive on February 24 22b, DATE 220 SIGNATUR SIGNED STAFF ATTENDING MED. PHYS XX DIRECTOR PHYS leath. Page 4 22d. ADDRESS HYSICIAN'S Clear Spring, Archie Robert Cohen, M.D. Maryland director, be filed 23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) CEMETERY 24 FUNERAL DIRECTOR'S SIGNATURE BLAIRS VALLEY 125a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) C inva & Krous 1SM 7/61 CLEAR SPRING. MD.

MARYLAND STATE DEPARTMENT OF HEALTH



Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need please execute the filterte, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as mimical-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	32408 MEDICAL	. EXAMINER'S	CERTIFICATE	OF DEATH	09200
1. PLACE OF I	DEATH			(Where deceased lived, If ins	
e. COUNTY	Washington	MARYLAND	e. STATE Md.	b. COUNTY	Wash.
	DWN (if outside corporate Limits, AL and give neerest town)	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (F	utsida corporata limits, writa R	URAL and give neerest town)
	erstown HOSPITAL OR INSTITUTION (1 not in hos	7 months	d. STREET ADDRESS	own	e. 15 RESIDENCE
	rbern Road	, , , , , , , , , , , , , , , , , , , ,		ilton Blvd.	YES NO
3. NAME OF	First	Middle	11	. DATE Month	Dey Year
(Type or print)	210		ristner	DEATH Fe	b. 14, 19 62
5. SEX	6. COLOR OR RACE 7. MARRIE		L. DATE OF BIRTH	last birthday) i a	UNDER 1 YEAR IF UNDER 24 HRS."  Nonths Days Hours Min.
male	white   widows		May 15, 189	69 yrs. 1	
done during mos	t of working life, even if retired)	ind of Business or Industr st. Union Te	ele. Garret	t, Penna.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA			1 14. MOTHER'S MAIDEN NA		
	Austin G. Chr	istner		Lydia Bu	rkholder
	uml (If you a loss you was date - fee out and	SOCIAL SECURITY NO. 17.		Address	
no	_  2		Mrs Kathlee	n Christner	, Hag., Md.
	OF DEATH [Enter only one cause par	75			INTERVAL BETWEEN
7 1700 1	DUE TO	oronary.	Os Clus 18	15	30 Mus_
Conditions,	if any, which ) (b) Qe.	werdlized.	atherone	leron	
	Immadiate causa the underlying	3			60-6-
	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	
3 node	clarly groupland fro	white, Dive	iti whasi Si	juil' Calar	PERFORMED?
PART II.  NUCL  200. EXTERN PRIMARY CAUSE OF D	or CONTRIBUTING	IBE HOW INJURY OCCURED. (	Entar nature of injury in Part T	or Part it of item 18.)	-
20c. TIME O		INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, form, lory, streat, office bldg., atc.)	20f. (City or town)	(County) (State)
WED		rk at work			
21. I cert	ify that I took charge of the ren	nains described above, he	eld an Autopsy 🖵 🖟 la	spection Inquiry	, and in my opinion
death resu	Ited from: Natural causes	Accident, Suic	ide, Homicide _	. Undetermined man	nner
	50 01.	Willia -	CHIEF MEDICAL EX	t-uni	
SIGNATU	RE ( Chaire W		M.D. ASSISTANT MEDIC		DATE SIGNED
EXAMINE NAME (Typ		111. M. D.	Address (Street, city		2/16/62
22a. BJRIAL, CRE	MATION, 226, DATE THEREOF	22c. NAME OF CEMETERY OF		d. LOCATION (City, town, o	e country) (Stella)
REMOVAL (S		62 Haleyon E	Mills Mem.	Wheeling, .W	· Va ·
23. FUNERAL DI		ADDRESS		BY REG STRAR 246. REGIST	TRAR'S SIGNATURE
0 11	22 322 5 6 6 6 69	Unmanstar	to Mel I EER	1 9 'DZ   UM'	MARIE ALL / WANNER

Scott F. Minnich & Son, Hagerstown, Md. DATE FEB 1 9'62



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

02409

**CERTIFICATE OF DEATH** 

PLACE OF DEATH

director, filed with

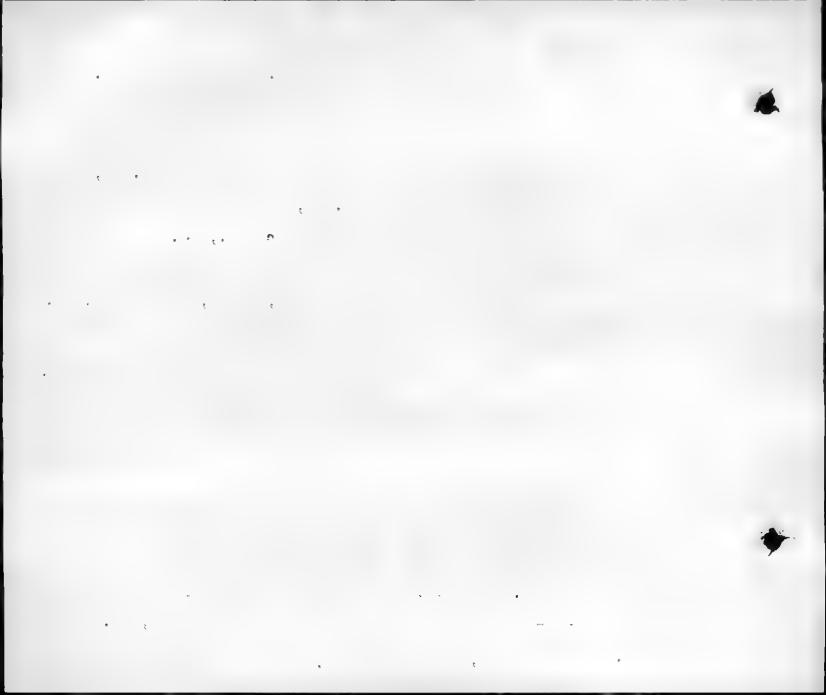
may be revained by that haspital ar attending physician.

TO FUNERAL DIRECT.

After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages 1 and 2 shauthe State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 had prior to burial, cremation, ar remayal, and in any event, within 72 had prior to burial, cremation, ar remayal, and in any event, within 72 had prior to burial, cremation, ar remayal, and in any event.

TO HOSFITAL OF ATTENDING EMYSICIAN: TIE law requires that the death certificate be axeauted within 24 hours after death. Page 4 VR A1S (4) 1SM 9/59

a COUNTY	Washingto	n	MARYLA	ND	o STATE	Ad.	b COUNTY	Was	h.	,
b. CITY OR TOWN RURAL and give Hagerst	The state of the s	i, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN		orate limits, write R LSburg	URAL and gr	ve necrest to	awer)
OR INSTITUTION	ton County				RFD 1	55			10	RESIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	Amanda		NMN		Cline	4. DATE OF DEATH	Mar F		4 p	Year 19 62
female	1. 4 4 -	7. MARR	PIED NEVER MARRIED  ED DIVORCED		ug. 20,	1878	9 AGE (In years last b rinday) 83 yrs.		YEAR IF JA	NDER 24 HRS
	ION (Give kind of work d orking life, even if retired) WITE	ane 10b.	KIND OF BUSINESS OR	INDUSTR			Md.	12. CITIZ	EN OF WHA	IT COUNTRY?
13. FATHER'S NAME	Sam Frey				14. MOTHER'S MAID	DEN NAME	Sophia K	uhn		
15. WAS DECEASED EV	/ER IN U. S. ARMED FORC		social security no.	Hub		ne, RFI	) 1, Smi		ırg,	Md.
Canditions, if gave rise ta cause (a), statin lying cause los	g the under-	· ***		S OUT NO	TO DELATED TO THE	Z de la constanta de la consta	SE COMPIT ON C	/EN IN DAST	2 1	
20a. ACCIDENT V			CRIBE HOW INJURY OCC					- 114 (14 ) - 124 (	PEI	REORMED?
20c. TIME OF INJU	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m 19 While of work at									
	arles you	attend /11			ATTENDING	, 1977 .ta. 1990 .ta.	STAFF	nd on the	date stat	) (we) last led abave 22b DATE CO SIGNED
23a BURIAL, CREMAT REMOVAL (Specific Durial	236 DATE THEREO 2-17-6		23c NAME OF CEMET Pleasant				ATION (City, lawn, mithsbur		.79	State)
Scott F		& Sc	ADDRESS On. Smiths	hare		REC'D BY REGIS		ISTRAR'S SIG		



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY ASHINGTON MARYLAND C. C.TY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN ('f outs'de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town d. STRET ADDRESS HAGEIGTOWN

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO MESTERY HOSPITAL 3. NAME OF DATE DECEASED OF DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthdey) Months Devs Ó USUAL OCCUPATION (G v , kind of work or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE ) MOTHER'S MAIDEN NAME COSEPH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SUCIAL SECUR TY NO (Yes, no, or unkown) | (If yes give wer or detes of service); 18. CAUSE OF DEATH [Enter only one cause per line for .. ONSEL AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED NO 206 ACC.DENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of intury in Part I or Part II of Item 18 )
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20d. INJURY OCCURRED; 2De. PLACE OF INJURY (Home, farm, , 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. at work et work January 30 196210 7-06. 21 | certify that (I) (this hospital) attended the deceased from, and that death occurred at. A.M. from the causes and on the date stated above. saw the deceased alive on which 22b. DATE 22a. S GNATURE ATTENDING DRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME VIYE NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown of county) 23a. BURIAL, CREMATION, 23c. REMOVAL (Specify) SMETERY BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SUSTIATURE clay S. Track DATEFR

a NE

physician

please attending

Then

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certifical

ro Hospital c death. Page 4 n. TO FUNERAL D director, page 2

VR A1II (4)

15M 9/60



15 \ (Yos,

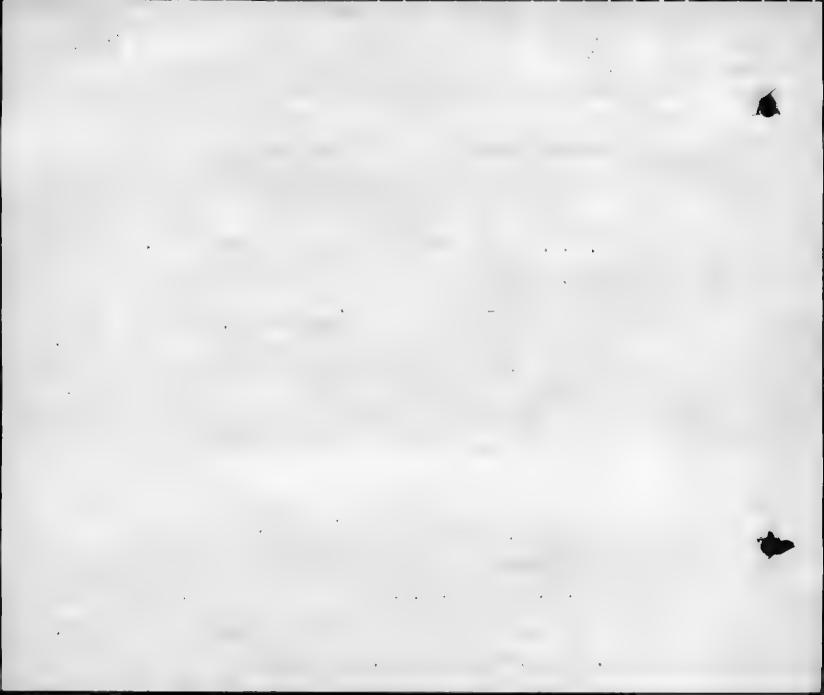
MEDICAL CERTIFICATION

Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
02411 CERTIFICATE OF DEATH	0.6099
1. PLACE OF DEATH  a. COUNTY  b. COUNTY  c. STATE  D. COUNTY	
b. CITY OR TOWN (Fouls de corporata : mits, write RURA and give nearest town)  LENGTH OF STAY IN 16 c CITY OR TOWN (If outs'de corporate limits, write RURA and give nearest town)	1 <b>9 ton</b> RAL and give nearest town)
Harerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	o. Is residence On a farm?
Washington County Hospital  3. Name of Decrased Pirst Middle Last 4. Date Month OF	YES NO X
(Type or print)  HOWARD WILLIAM CRAMER  5 SEX 6. COLOR OR RACE, 7 MARRIED TO SEVER MARRIED TO B. DATE OF BIRTH  9. AGE (to years' IF J)	1962 19 INDER 1 YEAR THE UNDER 24 HRS
Lale   White w.Dowed   Dec 18 1891 70 yrs.   Most	1
Dept Supt. M. P. Moller Co Retired Hagerstown Wash Co Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	. USA
William F. Cramer Rebecoa Semler  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT  Address	-
(Yes, no, or unkown) (Hyesgivewarordalesofservice) No: 214-09-1122 Ars A. Ruth Cramer 851 Per	nna Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Hagers town Md.	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] Pulmonary embolism  DUE TO	12 hr
Conditions, J. any, which (b) Venous thrombosis iliac vein right	2 weeks .
(a), stating the underlying Course last. (c)	A. 00° PW
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Z NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IF  20a. ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)  Hour e.m. While Not While factory, streat, office bldg., etc.)  p.m. 19 at work all work	(County] (State)
21. I certify that (I) (this hospital) attended the deceased from Jan. 30, 1962, to Feb. 12	, 16.2., that (I) (we) last
saw the deceased alive on ISSU 19.02, and that death occured a	on the date stated above.
228. SIGNATURE  ATTENDING PHYS.  M.D PHYS.  MED. STAFF PHYS.	1/13/62 SIGNED
B. B. Kneisley, M.D. 122d. ADDRESS 148 West Vashir Hagerstown, Man	ryland
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of REMOVAL (Specify)	
Burial 2/15/63 Rose will Cemetery Hagerstown 17. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAN 256. REGISTRA	

Cirthur S. Kroma

DATE FEB 1 6 '62



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02412 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution; Residence before edmission) a. COUNTY **b.** COUNTY PO MARYLAND b CITY OR TOWN (if outs de corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAU LISTO TO POOR TOWN YRS. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? W. HOV'ARD HOWARD ST. YES NO A completely 3. NAME OF DATE Month DECEASED PEBRUARY 19 62 DEATH (Type or print) TDA 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19 AGE (In yeers IF UNDER I YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months WIDOWED T DIVORCED [ physician 10a. USUAL OCCUPATION (G ve kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (County & Stele, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) HOME HOUSEWIEL 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SARAH C. MULL RUFUS SWITTH atten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT HAGINSTOVN MD. (Yas, no, opunkown) (fyesgivewerordatesofservice) JOHN UNGER NONE the INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), ( þ ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE .e) DUE TO bean Conditions, il eny, which gave rise to immediate cause DUE TO (e), stating the underlying has the couse last. certificate PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? CERTIFICATION 50 20a ACC DENT WAS JNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Pert II of item 18 NO TH ILE EITHER, NOTIFY MEDICAL EXAMINER 1 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, ferm, 201., City or town) (County) 20c TIME OF INJURY Month, Day, Yeer lectory, street, office bldg., etc.] While Not While Hour am. et work et work be retain CTOR: Wat 7 21. I certify that (I) (this hospital) attended the deceased from . .....196.2-, and that death occured an. A.M. from the causes and on the date stated above saw the deceased alive on.. 22b. DATE 220 5 GNATURE TO HOSPITAL death. Page 4 m IO FUNERAL Definedor, page 611. SIGNED ATTENDING PHYS. DIRECTOR PHYS. 62 22d. ADDRESS 22c. PHYSICIAN'S UCU 77 23a BURIAL, CREMATION 236, DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 1 23 d. LOCATION (City, fown or county (Slete) REMOVAL (Specify) DAKERSV 9/ REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61

AARYLAND STATE DEPARTMENT OF HEALTH



YR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O2/12 CERTIFICATE OF DEATH 09/12

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, if institution: Residence before admission)
/	Washington MARYLAND	Maryland Washington
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY N 1b write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	Hagerstown 62 years	
	d. NAME OF HOSPITAL OR INSTITUTION (Final in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	508 Summit Ave	508 Summit Ave
1	3. NAME OF First Middle	Last 4. DATE Month Day Year
)	(Type or print) Charles William De La	THE ROLL
1		DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS.
		ont 5 1870 Ol yrs.   Boys Hours Min.
1		ept. 5, 1870 91 yrs. 1 Y II BIRTHFLACE (County & State or foreign country) 12. CIT ZEN OF WHAT COUNTRY?
	Cabinet Maker Organ	Myersville, Md.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	_ John H. De Lauder	Rebecca Renner
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 I	NFORMANT Address
	220-10-3537 Mi	ss Ethel B. De Lauder Hag. Nd.
	18. CAUSE OF DEATH [Finter only one cause per line for (e), (b), and (c)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Arteriosclerotic	heart disease with 2-3 years
	DUETO Congestive fail	
	Conditions, if any which ) (b)	
	gave risa to immadiate cause	Acres )
	fol, stating the underlying	
	(c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY
\	01	PERFORMED?  YES NO TO
	200 ACCIDENT WAS UNDERLYING TO 1 200 DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of tem 18 '
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	, (and the second of the secon
		CE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	Hour a.m.   WhileNot While	cry, street, office b dg , etc.]
		02 62 Voh 7 62
	21. I certify that (I) (this hospital) attended the deceased from	an. 22 40P1962 to Feb. 7 1962, that (1) (we) last
	saw the deceased alive on 1904, and that	death occured atM, from the causes and on the date stated above.
	228. SIGNATURE	ATTENDING MED. STAFF DO SIGNED
	M. Merce M.	and Approved
	PHYSICIÁN'S NAME (Type) B. B. Kneisley, P.D.	122d. ADDRESS 148 West Washington Street
		Hagerstown, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Spec'fy)	He construct M.
	Burial   2-10-62   Rose Hill	
	24 FUNERAL DIRECTOR'S S.GNATURE ADDRESS SCOTT F Minnigh & Son III	250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
la.	Scott F. Minnich & Son Hagerstown	, Md . DATE FEE 1 3 '62 C



15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceasad livad, If institution; Rasidance before admission) a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND B. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town)
HACERSTOWN 14 DAYS	RURAL ROUTE #2 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strant addrass)	d. STREET ADDRESS  o, IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSPITAL	YES NO XX
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)  LEST.TE MONTAGUE	DTCK DEATH FEBRUARY 4 19 62
	DATE OF BIRTH 9. AGE (In yaars   IF UNDER 1 YEAR   F UNDER 24 HRS.
	MARCH 15, 1905 lest birthdey) Months Deys Hours Min.
MATE WHITE WIDOWED DIVORCED   ] IDD. USLAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTR	THICO !! #73#707
done during most of working life, even if retired)	FREDERICK COUNTY VIRGINIA U.S.A.
CARPENTER CONSTRUCTION  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
io. Fainte 3 Name	
THOMAS JEFFERSON DICK	ALICE SHIRLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II [Yes, no, or unknown] [(Ifyasgivawarordatasofsarvica)]	
	RS. LESLIE M DICK ROUTE 2 HAGERSTOWN MD
1B. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), and (c) ] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEADY
IMMEDIATE CAUSE (a)	gtransverse Colon. 4 days
DUE TO	in the state of the state of
Conditions, if any, which (b)	granden con. Toogs
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO	OT PELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
E artinochrolic stear de	sease commyselfores YES NO
208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOWINJURY OCCARED OR CONTRIBUTING   CAUSE OF DEATH   10   11 F ITHER, NOTIFY MEDICAL EXAMINER)	Middle nature of thrity com for Part II of plate the comment
OR CONTRIBUTING CAUSE OF DEATH	y y
20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCJRRED 2De, PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m. Whita Not Whita	tory, streat, office bldg., atc.)
	A 1124 - 62
21. I certify that (I) (this hospital) attended the deceased from:	
	death occured al
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
	A.D. PHYS. DIRECTOR PHYS.
221. PHYSICIAN'S NAME (Type)	1135 POTOMAC AVE. HACERSTOWN MARYLAND
RICHARD T BINFORD M. D.	
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	PERSONAL PROPERTY OF THE PROPE
EURIAL 2-7-62 GREENWAY CEME	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SUTER-ROUZER FUNERAL HOME HAGERSTOWN MAR	YIAND DATE TR 1 4 '62 Citims & Thomas

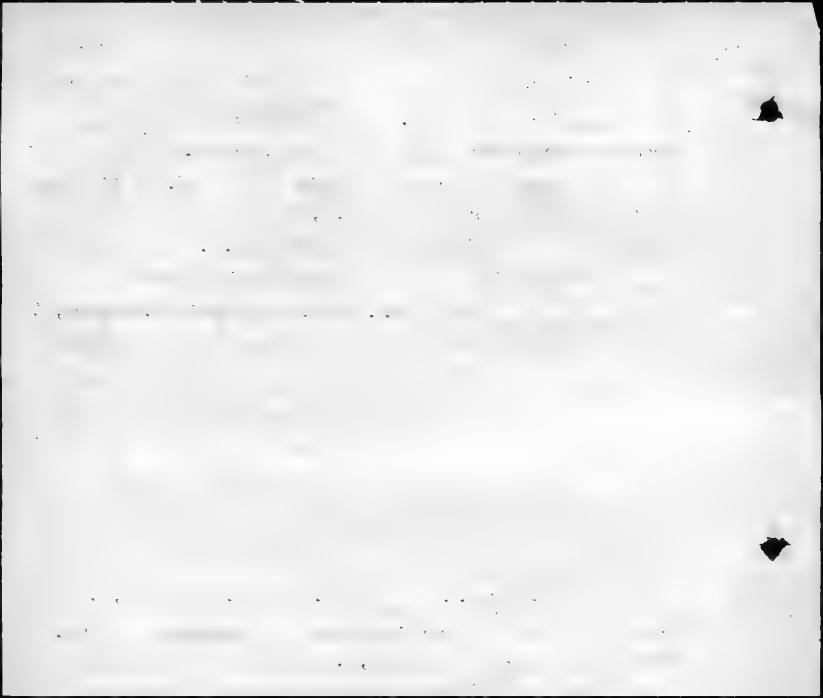
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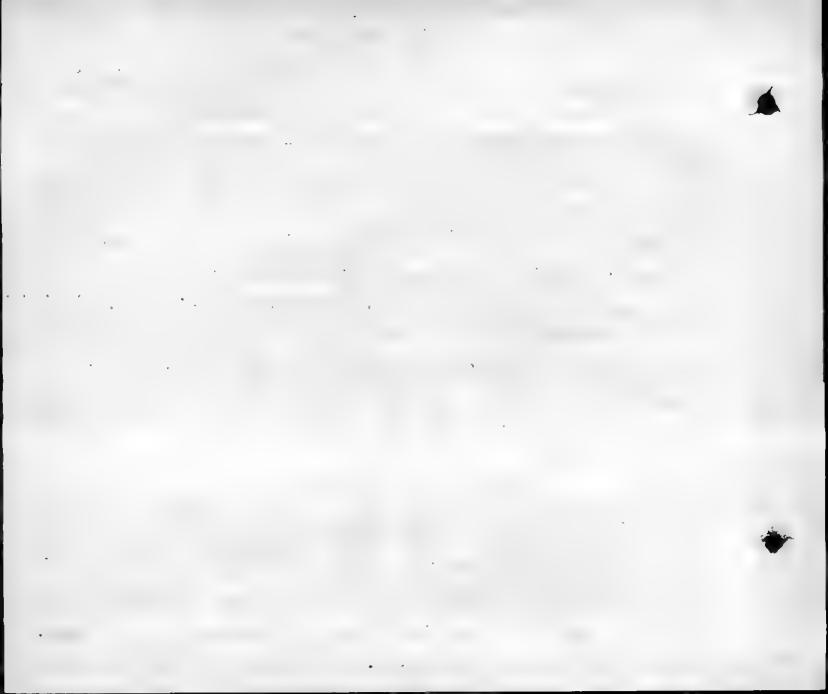


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hour	The c	a it		-
24		9 4	~	1
within	/ filled	Pager .	1 14	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician	CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral	director, page 3 statut be detacted for use as the bulliat-transit permit. Her pleas remove into a pers. Page 7 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		
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certificate	shysician a	any even		
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the death. Page 4 may be retained by the hospital or attending physician	Jued by	sif pern on, or i		
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MARYLAND STAT DIVISION OF STATISTICAL RESEARCH AND REC	E DEPARTMENT OF HEALTH	DE 1 MADVIAND
02416 CERTIFIC	ORDS, 301 W. PRESTON STREET, BALTIMON	02404
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased I'ved, if inst	tution. Posidence before admission!
A. COUNTY	- STATE 44 B B COINTY	for the contract of
Washington MARYLA		Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	IN 1b c. CITY OR TOWN (II outside corporata limits, write RI	JRAL and give nearest town)
Rural Downsville 45 mos.	Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Woburn Manor Boarding Home	551 W. Howard St.	YES NO
3. NAME OF first Middle	Last 4. DATE Month	Dey F Year
(Type or print) Jacob Luther	Eckstine DEATH Geb.	25 19 62
5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED	9. AGE (In years IF	
Male White WIDOWED & DIVORCED	Nov. 23, 1875   lest birthday   M	Souths Days Hours Min.
10a. USUAL OCCUPATION (Give land of work   10b. KIND OF BUSINESS OR IN	IDUSTRY , 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even of refreed)  Merchant  Grocery	Washington Co.Md.	ISA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	001
Ocash Fahrting	Elizabeth Virginia Start	Trib Cod
Jacob Constine  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1	17. INFORMANT Address	gmari
(Yes, no, or unkown) i (Ifyasqiva warordatasofservice)		11 ± M1
None	W.D.Cutchall 1847 Virginia Av	e.Hagerstown,Md.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY,	1. 1 1 = 1.	ONSET AND DEATH
MANATE CAUSE (6) HO. 11/0-PRO	int. INFARCTION.	O MM edifite
DUE TO		
Conditions, if any, which (b)		
gave rise to immediate cause (e), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		YES NO X
20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OC	CURED. (Enter nature of injury in Part I or Part II of Itam 18.)	
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	Da. PLACE OF INJURY (Homa, farm, 1 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour e.m. While Not While at work all work	factory, street, office bidg., atc.)	
	1111 3/10	
21. I certify that (i) (this hospital) attended the deceased f		, 19, that (I) (we) las
} — . H — . +	I that death occured ay	the same of the sa
22a. SignATURE	ATTENDING MED STAFF	22b. DATE SIGNED
Lalyer + Journa	M.D. PHYS. DIRECTOR PHYS.	4/27/62
NAME (Type)	22d. ADDRESS	M. A.
Kayon F. Young 11.0,	101 E. Potomac St. William	
238. BURLAL CREMATION, 236. PATE THER LOF 23c. NAME OF CEME	ETERY OR CREMATORY 23d, LOCATION (City, town	or county) (State)
Burial 2/27/62 Rose Hi	ill Cemetery Hagerstown	Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		TRAR'S SIGNATURE
Rest Haven Juneral Chapel Hagers	town, Md. DATE FEB 2 8 '62   Clast	un & House
When a North		The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02417 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Maryland Warhington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) davs Hagerstown Rural Boonsboro d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO TO Washington County Hospital Fahrney- Keedy Memorial Home 3. NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) 1962 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months: Davi Hours WIDOWED [ DIVORCED TO 10/8/1902 amale white yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) | Fahrney-Keedy Home | Director of Arts & Crafts, Volunteer workers Washington County U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward J. Gearhart Margaret Musselman IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Boonsboro, Md. R.D. Mrs. George Kunz. Fahrnev-Keedy Home no none 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cottse (a), stoting the underlying couse last. CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTRIBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18/ WEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) 0. m foctory, street, office bldg., etc.) While Not while at work Of work 21. I certify that I attended the deceased from 19 6 2 That I last saw the deceased that death occurred at 11.30 A.M. from the causes and an the date stated above. ABORESS (Street, city or town stole) ACTUAL FUNERAL DIRE SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burial Green Hill Cemetery Waynesboro 0 0 Penna. 23 FUMERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Circling & Thomas Waynesboro, Pa DATE # 1 3 162 ISM 9/SS



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whare daceased I ved, If Institution: Residence before edmiss on) a. COUNTY b. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate I m Is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporata limits, write RURAL and give neorest town) write RURAL and give neerest town! Hagerstown 1 yr. Hagerstown d STREET ADDRESS Western Maryland State Hospital 205 E. Franklin St. YES NO THE 3. NAME OF DECEASED (Type or print) DEATH 8. SATE OF BIRTH 9 AGE (In yeers 'IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED [ ] last birthday) Female D. VORCED | Sept. 12, 1883 100. USUAL OCCUPATION (Give kind of work 12. CIT.ZEN OF WHAT COUNTRY? or foreign country! done during most of working life, even if retired? Franklin Co. Penna. U.S.A. phy Housesife 13. FATHER'S NAME attending pl Then please Stephen McFerren Missouri Welsh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17 INFORMANT Addrass (Yes, no. or unkown) | [[fyesq:vewerordatesofservice] Miss Ethel Gever Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LOBULAR PNEUMONIA IN CEREBRAL THROMBOSIS Conditions, if any, which gave risa to immediate ceusa DUE TO (a), stelling the underlying (c) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED' DIABETES MELLITUS -NO 206. ACC DENT WAS UNDERLYING [] 206. DESCRIBE HOW NURY OCCURED. (Enter nature of intury in Port I or Port II of John 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED ( 2De. PLACE OF INJURY [Home, ferm, ) 2Df. (City or lown) (County) (State) factory, street, office bldg., etc.) While \_\_Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from March 38, 1961, to Feb. 27, 1962 that (I) (-) last 22b. DATE ATTENDING SIGNED Autorio DIRECTOR PHYS. PHYS M.D 22d. ADDRESS westeen Ind. State Hospital 22c. PHYSICIAN'S Hagerstown, maryland 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 236. DATE THEREOF (Stete) REMOVAL (Specify) Quincy Franklin Co. Penna. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL, DIRECTIOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Waynesboro. Penna. DATE HAR

VARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 7/61

### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12410 CERTIFICATE OF DEATH 12407

	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission
	Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)  c. LENGTH OF STAY IN 1b	e. STATE Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Williamsport 130 yrs.  Mane of Hospital or Institution (if not in hospital, give street eddress)	Williamsport d STREET ADDRESS  o. 15 RESIDENCE ON A FARM
	106 S Artizan Street 3. NAME OF First Middle Middle	106 S. Artizan Street YES NO 5
		DEATH FOD 11 19 62  B DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS  1 Age (In years IF UNDER 1 YEAR IF UNDER 24 HRS  1 Age (In years) Months Days Hours Min.
	Female White WIDOWED DIVORCED A    No. USUAL OCCUPATION (Give kind of work done ducing most of working, life, even if relied)	NOT NOWN TO THE STATE OF WHAT COUNTRY 11 BIRTHPLACE (County & Stere, or foreign country, 12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if relired Housewije Home	Luray Va. U.S.A
No.	( Andrew Broaddus  15. WAS DECEASED EYER IN U.S., ARMED FORCES? 16 SOCIAL SECURITY NO   17.	Lucy Sowers
,	[Yes, no, or unkown]   [lifyesgivewerordatesofservice]	ckey Broaddus Princess Knne . RFD #1
	DUE TO	
	gave rise to immediate cause (a), stating the underlying  DJF TO	
	(4)	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPS) PERFORMED? YES   NO
	20% ACCIDENT WAS UNDERLYING [] 20%. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Part II of tam 18 ,
		ACE OF INJURY (Home, term, 2Df. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	t deeth occured and
	22e SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN'S NAME (Pro)	PHYS DIRECTOR PHYS. 22d. ADDRESS
	238. BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Burial Feb. 17-62 Riverview	Cemetery   Williamsport Md.
	24 EUNIT HUDIRECTOR'S SIGNATURE Williamspor	t, Md. Date FER 1 9 '62   Carthur & France



24 hours after

executed within



**VR A15 (4)** 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OORING

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i-				
	PLACE OF BEATH a. COUNTY	b-	- 11	<ul> <li>d I'ved, If institutions Residence before edmission;</li> <li>b. COUNTY</li> </ul>
	mashington	MARYLAND	Maryland Wa	shington
-	<ul> <li>b. City OR TOWN (if outside corpor</li> </ul>	rate I'm'ts, c. LENGTH OF STAY IN 18		limits, write RURAL end give neerest town
	Write RURAL and give neerest to Hagerstown.	2 Weeks	Hagerstown	
~	_	JI.ON (if not in hospile, g v street address)	d STREET ADDRESS	, a. IS RESIDENCE
			1	ON A FARM?
1	360 Nottingh		418 Mitchell St	YES NO
3.	NAME OF DECEASED	First Middle	Lest 4. DATE OF	Month Dey Yeer
	(Type or print) MARY		OWER DEAFeby	y 22 1962 <sub>19</sub>
5.	SEX 6. COLOR OF	R RACE 7. MARRIED THEVER MARRIED		(in years IF UNDER 1 YEAR, IF UNDER 24 HRS. birthday) Months! Days Hours Min
	Female   Whit	e WIDOWED DIVORCED	March 17 1906 5	Dirihday) Months Deys Hours Min
	. USUAL OCCUPATION (Give kind	of work 10b. KIND OF BUSINESS OR INDUS	STRY 11, BIRT-IPLACE (County & Stelle, or fore	( Quetry) 12. CITIZEN OF WHAT COUNTRY
ac	Hou eval fe	own Home	Eakles Cross Rd	Wash Co USA
13.	FATHER'S NAME	- 1722	14 MOTHER'S MAIDEN NAME	4-2
	40 . 32			
15	WAS DECEASED EVER IN J.S. ARM	AED FORCES? 16. SOCIAL SECUR TY NO. 17	Nannie Wade	Address
(Ye	s, no, or unkown) (liyesgive werard	detes of service)		
	No		Harry H. Gower 418	
		only ona cause per line for (e , (b), and (c) ,	Hagerstown .d.	INTERVAL BETWEEN ONSEÇAND DEATH
	PART ' DEATH WAS CAUSES	USF (e)	a Fibrillation	10m
	42 201	DUE TO	*	
	Cond ins, if any, which	(b) Urty os cl	- otall Heart de	2 miles
	geva rise to immediate cause	(0)		
	(e), steting the underlying couse lest.	DUE TO		
-,		(c)	NOT RELATED TO THE TERMINAL DISEASE COND	IT ON GIVEN IN PART 1911 19 WAS A ITOPSY
NOL N	PART II, OTHER 3 GININGANT	CONDITIONS CONTRIBUTING TO DEATH BUT	To the text of the	PERFORMED
\ \ \ \		_ Kubeles	millions	YES NO
XT 5	200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ( CAUSE OF	G L. 206. DESCRIBE HOW INJURY OCCUP DEATH	RED, (Enter neture of injury in Pert I or Pert II of ite	m 18.)
CERT	OR CONTRIBUTING CAUSE OF	MINER)		
EDICAL	20c. TIME OF INJURY Month,		PLACE OF INJURY (Home, ferm, 20f. (City or to fectory, street, office bldg., etc.)	wn) (County) (State)
WEDI	Hour a.m.	Whila Not While et work et work	sectory, street, other oragi, etc.,	
1		hasnital) attended the deseased fro	m Sept 9 1959 10	Jebrung 2216 2 that (1) (4(0) las
	saw the deceased alive on	74-21 19 62-and the	nat death occured at 12 N from the	course and on the date stated show
	22a. SIGNATURE	, and and	lai deall occared al	/ 22b. DATE
	228. SIGNATURE	)/	DIRECT DIRECT DI	AFF SIGNE
	22c. PHYSIGAN'S	ture m	M.D. PHYS. DIRECTOR PH	lys. 1 2/2-3/62 _
	NAME (Type)			t., Hagerstown, Md.
_	Paul Harr	mison, M. D.	**	
23	REMOVAL (Specify)	TE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 238. LOCATION	4 (City, town or county) (State)
	Burial 2/2	65/63   Pest Have	en Cemetery Hager	stown Wash Co Md.
24	FUNERAL DIRECTOR'S SIGNATURE			256. REGISTRAR'S SIGNATURE
	Andrew K. Coff	fman Hagerstown Ld	DATEFER 2 6 '62	Called & to



VR A15 (4) 15M 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12422 CERTIFICATE OF DEATH

02410

b. COUNTY Washington  Maryland  b. CITY OR TOWN (if outside copposite I mith. write RURAL and give mearest lown) Rural Sharpsburg  A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Sharpsburg RFD #1  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Sharpsburg RFD #1  3. NAME OF DECERSED  The DECERSED  The DECERSED  The Willow Months Day Year  B. COLOR OR RACE 7. MARKED M. NEVER MARRIED  DEC. 15 1908  DEATH  Dec. 1 1962  Sharpsburg RFD #1  So. COLOR OR RACE 7. MARKED M. NEVER MARRIED  DEC. 15 1908  DEATH  DEC. 1 1962  Sharpsburg RFD #1  So. LOUNT Washington  Dec. 15 1908  Sharpsburg RFD #1  Sharp	SOUTH BUILDING AND	TOTAL MODERNIA AND
b. CITY OR TOWN   fit outside composite   mish, write RURAL and give nearest fown   Rural Sharpsburg   11 yrs.  d. NAME OF HOSPITAL OR INSTITUTION   if not in hospital, give street address)  Sharpsburg RFD #1  Sharpsburg R	2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission)	- FTATE
B. CITY OR TOWN If outside corporate limits, with RURAL and give nearest town!  Rural Sharpsburg  d. NAME OF DECERSED.  If yes or pinn!  3. MAME OF DECERSED.  If yes or pinn!  5. SEX  6. COLOR OR RACE 7, MARRIED DIVORCED.  Male  White Widness or individual process of the sex	MARYLAND Washington	MARYLAND Washington
A. MAM OF HOSPITAT OR POSITIVITION (If not in hospital, give street address)  Sharpsburg RFD #1  3. NAME OF DECEASED (Type or panel)  John Baniel Gray DEATH Feb. Act (in year if UNDER 174 Act (in year	LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sharpsburg RFD #1  Sharpsburg RF	11 yrs. Rugal Sharpsburg X	11 yrs. Hugal Sharpsburg X
Sharpsburg RFD #1  S. NAMED SHORPSBURG RFD #1  No. USUAL OCCUPATION (Give kind of work done during most of working like, even if relieved)  Airplanes Maryland  Airplanes Maryland  Airplanes Maryland  I. MATHER'S NAME  Walter Gray  I.S. NAMED FORCES?  I.S. SOCIAL SECURITY NO. 17. ENFORMANT  Address  Walter Gray  Address  Walter Gray Sharpsburg Md RFD #1  I.S. CAUSE OF DEATH [Interonly one cause per line for (e), (b), and (c).]  PART I. DIAH WAS CAUSED BY:  U.S. A  STERVAL BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE (e)  COTONARY Thrombosis  COTONARY Thrombosis  DUE TO  CONCILIENT WAS UNDERLYING (e)  DUE TO  CONCILIENT WAS UNDERLYING (e)  DUE TO  CONTRIBUTING ID CAUSE OF DEATH  IF LITHER, NOTIFY MODICAL EXAMINES)  TO BE CONTRIBUTING ID CAUSE OF DEATH  IF LITHER, NOTIFY MODICAL EXAMINES)  TO COTONARY Mosth, Dey, Year  200. PLACE OF INJURY (Home, farm, office bidg., etc.)  201. FORCEST (County)  STEP INDURY (Home, farm, office bidg., etc.)  202. TIME OF INJURY Mosth, Dey, Year  204. ROUTER SHOWN IN INDICAL EXAMINES)  TO COUNTRIBUTING ID CAUSE OF DEATH  Work I work I et work	, give street address) d STREET ADDRESS e IS RESIDENCE	ive street address)   d STREET ADDRESS   e IS RESIDENCE
3. NAME OF DECEASED (Type or print)   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62   19 62	Sharpshire RED #1 VEST NO MI	Sharnshire RED #1 VEST NO M
DECRASED (Type or pnm)   John   Baniel   Gray   DEATH Feb.   1   19 62		
S. SEX   G. COLOR OR RACE 7. MARKED   NOTE NOTE NOTE   NATIONAL	OF	OF OF
Male White Widowed Divorced Dec. 15 1908 53 yr. 17 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	paniet aral	TITEL CT OF T 19 OF
No. USUAL OCCUPATION (Give kind of work done during most of working life, even of relized)  Installer  Airplanes  Maryland  U.S.A  Walter Gray  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no unknown) [Iffyes give were or deleved services]  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Wannie Kretzer  16. CAUSE OF DEATH [Enter only one cause per lins for (a), (b), and (c).]  PART I. DEATH WAS CAUSE (b)  Coronary thrombosis  Out TO  Conditions, if any, which gave rise to immediate cause (a), tehing the underlying (c), tehing the underlying (c), tehing the underlying (c), tehing the underlying (c) (c)  To CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO TREATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I. (c)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO TREATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.)  20a. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED (enter nature of injury in Part I or Part II of Item 18)  20c. TIME OF INJURY Month, Day, Year While Not While factory, street, office bidg., acc.]  21. I certify that (I) (this hospital) eitended the deceased from	Months   Days   Hours Min.	Months Days Hours Min.
Installer   Airplanes   Maryland   U.S.A	Divorced Dec. 15 1908 53 m. 1 17	DIVORCED   Dec. 15 1908 53 yrs. 1 17
Installer   Airplanes   Maryland   U.S.A    13. FATHER'S NAME   MACHINE'S MADEN NAME   Mammie Kretzer    15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address    (Yes, no or unknown)   (Hypergive werror dates of service)   220-10-3640 Mrs.   Nellie Gray Sharpsburg Md RFD #1    18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]    PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   COTONARY thrombosis   3-4 hold    Oconditions, if any, which gave rise to immediate cause (a), steling the underlying (b)   Artheriosclerotic cardio-vascular disease   2    PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a)   19. WAS AUTOPS PERFORMED?    OCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20d. INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ham 18 )  OCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20d. INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ham 18 )  OCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20d. INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ham 18 )  OCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20d. INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ham 18 )  OCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20d. INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ham 18 )  OCCURRED   20d. INJURY OCCURED   20		
Mammie Kretzer	lanes Maryland II.S.A	anes Maryland U.S.A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Hypergivewer or dates of service)  220-10-3640 Mrs. Nellie Gray Sharpsburg Md RFD #1  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Coronary thrombosis  DUE TO  Conditions, if any, which gave rise to immediate cause (a), steling the underlying (b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a) 19. WAS AUTOPS PERFORMED?  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a) 19. WAS AUTOPS PERFORMED?  YES NO  20c. ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a) 19. WAS AUTOPS PERFORMED?  YES NO  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19 While Not While of work feetons, street, office bidg., etc.)  21. I certify that (I) (this hospital) eitended the deceased from	14. MOTHER'S MAIDEN NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Hypergivewer or dates of service)  220-10-3640 Mrs. Nellie Gray Sharpsburg Md RFD #1  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Coronary thrombosis  DUE TO  Conditions, if any, which gave rise to immediate cause (a), steling the underlying (b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a) 19. WAS AUTOPS PERFORMED?  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a) 19. WAS AUTOPS PERFORMED?  YES NO  20c. ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (a) 19. WAS AUTOPS PERFORMED?  YES NO  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19 While Not While of work feetons, street, office bidg., etc.)  21. I certify that (I) (this hospital) eitended the deceased from	Mammie Kretzer	Mammie Kretzer
18. CAUSE OF DEATH  Enter only one cause per lina for (a), (b), and (c).		
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), steining the underlying (b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18)  20c. TIME OF INJURY MEDICAL EXAMINER;  While Not While of work   21. I certify that (I) (this hospital) attended the deceased from	-10-36/10 Mrs Nellie Cross Shennshung Md Den 41	10-3640 Mrs Nellie Crow Shannshung Md DED 41
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), steting the underlying DUE TO  cause last,  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO  (County) (State)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  P.m.  19 el work		
DUE TO  Conditions, if any, which gave rise to immediate cause last.  (a), steling the underlying cause last.  (b) Artheriosclerotic cardio-Vascular disease (a), steling the underlying cause last.  (c)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON G VEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING NOT DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While Power of the work office bidg., aic.)  20c. Time OF INJURY Month, Day, Year While Not While Power of work office bidg., aic.)  21. I certify that (I) (this hospital) attended the deceased from NONe Not Post Month, Jay, Jay, Jay, Jay, Jay, Jay, Jay, Jay	ONSET AND DEATH	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (e), stelling the underlying DUE TO  Cause last.  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON G VEN IN PART 1(e) 19. WAS AUTOPS PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20d. INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18)  White Not White Not White Per work office bidg., aic.)  21. I certify that (I) (this hospital) attended the deceased from NONe 19, and that death occured at	oronary unromoosis 5-4 nour	ronary thrombosis 3-4 hours
DUE TO  (a), stelling the underlying (b)  (c)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DEATH BUT NOT RELATED TO THE TERMINAL DISEAS		
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PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT, ON G VEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [  20a. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 While Not While et work et work et work et work et work et work and that death occurred at		
PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 )  OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, tarm, 20t. (City or town) (County) (State)  While Not While et work et work et work et work at the deceased from 1000 to 1000		
20c. TIME OF INJURY Month, Day, Year While Not While et work 19 Not While et work 19 Not w	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART (a) 19. WAS AUTOPSY	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year While Not While et work 19 Not While et work 19 Not w		
20c. TIME OF INJURY Month, Day, Year While Not While et work 19 Not While et work 19 Not w	BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18 )	HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18 )
Hour a.m. p.m. 19 et work et work   19 et work   21. I certify that (I) (this hospital) attended the deceased from		
Hour a.m. p.m.  19 et work et work  21. I certify that (I) (this hospital) attended the deceased from	URY OCCURRED : 20e PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (State)	OCCURRED 1 20e PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	Not While factory, street, office bidg., atc.)	ot While factory, street, office bidg., atc.)
saw the deceased alive on		
saw the deceased alive on	the deceased from	he deceased from
225 SIGNATURE 457		
	220. DAIL	220. UNIE
M.D. PHYS. DIRECTOR TO PHYS.	M.D. PHYS. DIRECTOR' TO PHYS.	M.D. PHYS. DIRECTOR TO PHYS
22c. PHYSICIAN'S NAME (Type)		
Make (Type) Walter H. Shealy M. D. Sharpsburg, Md. Feb. 4,	aly M. h. Snarpsburg, Md. Feb. 4, 1	ly M b Snarpsburg, Md. Feb. 4, 196
23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty, town or county) (State)		
Bur41   Feb. 5-62 Mt. View Cemetery   Sharpsburg Md.	At. View Cemetery Sharpsburg Md.	. View Cemetery Sharpsburg Md.
24 HUNERAL DIRECTOR'S SIGNATURE A MALADRESS A MALADRESS A MALADRESS A MALADRESS A MALADRESS AND A 258. REGISTRAR'S SIGNATURE		
aller Leaf Williamsper 1 100 part 12 7 '62 CT 04		



the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may 23 retained by the hospital or attending physician.

Yes TO FUNERAL DY 2.0R: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, will in 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEAD	TH			
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
CERTIFICATE OF DEATH	02411_			
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where de la COUNTY	rceased lived, If institution: Residence before edm ssion)			
Washington Manyland a. STATE Maryland	Washington			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits,	orate limits, write RURAL and give necrest town			
Hagerstown 35 years A: Hagerstown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS	. IS RESIDENCE			
Wastern Md. State Hospital 113 N. Locus	t St. ON A FARM?			
3. NAME OF DECEASED Helen Elizabeth HADEN 4. DATE OF DEATH	2 - 9 - 1962			
5. SEX 6. CO.OR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.			
Female White widowso Divorced Feb. 2, 1902	Jast birthday) Months Deys Hours Min.			
108. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stere or	fore gn country) 12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired   Own Home Lynchburg, Va				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
Cornelious B. Tyree Ada Sprouse				
15. WAS DECEASED EVER IN U.S. ARMED FOR ES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT	Address			
(Yes, no, or unkown) (ffyesgive werordelesofservice) 214-14-6368 William E. Haden	Hagerstown, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., end (c).]	INTÉRVAL BETWEEN			
PART . DEATH WAS CAUSED BY. Aldeminal Carcinor	natosis in mena			
	10 ,			
Conditions, if ony, which the Carcinoma of Gre-	ast Lelt 10 months			
	es, sep. 10			
(e), stelling the underlying DUE TO				
cause lest.  [e]  PART I OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE	CONDITION CIVEN IN BABT See, 10 WAS AUTODS			
PART I OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED?			
	YES NO			
R OR CONTRIBUTING II CAUSE OF DEATH	of item 18 ;			
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cither and the control of th	y or fown) (County) (State)			
p.m. 19 et work et work				
21. I certify that (I) (this hospital) attended the deceased from	Flb. 9 1962, that (1) (we) last			
	the causes and on the date stated above:			
22e SIGNATURE ATTENDING MEO.	STAFF S 70/ 12 SIGNED			
CHEER M.D. PHYS. DIRECTOR	PHYS. 10.1962_			
22e. PHYSICIAN'S NAME (Type) YO WANGE TO POLICY POL	and II and			
TOUNCY E LATUR 1900 PEN	ma. Are Hagers Town Me			
23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOC REMOVAL (Specify)	ATION (City lown or county) (State)			
Burial 2-12-62 Cedar Lawn Mem. Gardens H	agerstown, Md.			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGIS	TRAR 256. REGISTRAR'S SIGNATURE			
Scott F. Minnich & Son Hagerstown, Md. DARFER 13 '62	1 8. Thus			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02424 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institutions Residence before admission) a. COUNTY **b.** COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DAYS BOONSBORO HAGER STOWN d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, g ve street eddress d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL MAIN STREET 3. NAME OF M ddle 4. DATE Last DECEASED (Type or print) DEATH FEBRUAR SPENCER THOMAS HALL 6 COLOR OR RACE 7. MARRIED TENEVER MARR ED S. SEX 9. AGE (In yours | IF UNDER 1 YEAR DATE OF B.RTH lest birthday) | Months 69 yrs. WIDOWED [ DIVORCED 18 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY BRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ! PAINTER EMPLOYED ENGLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Pue KATHLEEN HENRY HALL Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT 253 RETCHELT ROAD (Yes, no, or unkown) (If yes give war or detes of service) 056-10-3982A MRS\_FLORENCE E HALL MILLFORD NEW JERSEY 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest. the PART I.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01, 19. WAS AUTOPSY 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of item 18.) 2De ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) factory, street, office bldg., atc.) TOR: Aft While Not While Hour e.m. of work et work 0.0 21. I certify that (I) (this hospital) attended the deceased from xumusy ..... 19 12 that (i) (we) last Junary 31 .196 -, and that death occurred at J.A.M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE T DI ATTENDING MED STAFF PHY5 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gerald W LeVan Boonsboro Maryland 23d, LOCATION (City, fown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL

GARDEN STATE CREMATORY

DATE

ADDRESS

OOD NEW JERSEY

e. IS RESIDENCE ON A FARM?

YES NO X

19 62

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

S. GNED

(State)

NORTH BERGEN NEW JERSEY

25e REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

U.S.A.

death, Page 4 VR A15 (4) 15M 9/60

- F 5

CREMATION

24 FUNERAL DIRECTOR & SIGNATUR

.E.

and

physician

attending

40

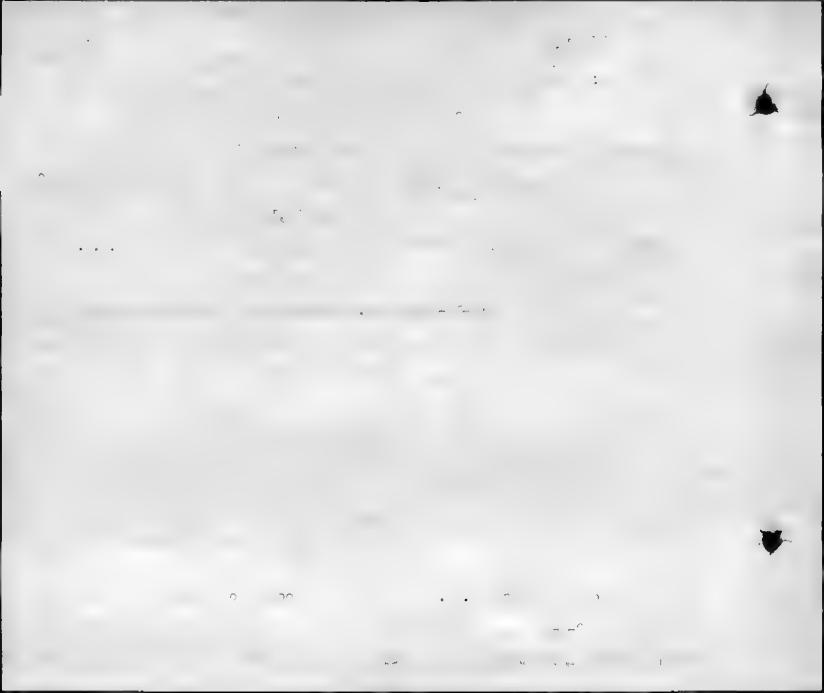
been

has

certificate

After

within filled



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms. A retained by the hospital or attending physician.

TO FUNERAL DISCORDER After this certificate has been signed by the attending physician and completely filled in the financiar director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filled with the State Dept. **VR A15 (4)** 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02413

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacassed livad, It institution: Residence before admission)
Washington MARYLAND	* STATE Maryland Washington
b. CITY OR TOWN (if outside corporate I mils, write RURAL and give nearast town)  c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstown Md. 75 Hrs.	Hancock Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   0S RESIDENCE ON A FARM?
Washington County Hospital	N. Penna.
J. NAME OF First Midd a DECEASED	Lasi 4. DATE Month Day Year OF
(Type or print) Lafayette	Herbaugh Jr DEATH 2 19 1962 _
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	4.6.1926 35 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relifed)	
Store Manager Clothing	Moorefield W.VA. U.S.A. U.S.A.
Lafayette Herbaugh Sr.  15. WAS DECEASED EVEN IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO 17  [Yes, no, or unknown] (Ifyasgive war or datasof service)	Maude Foltz INFORMANT Address
118. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	rs Nita K Herbaugh Hancock Md
PART I. DEATH WAS CAUSED BY: Myseardial inf	onser any death
DUE TO	sions old and recent
Conditions, if any, which ) (b) Lowny occho	iscome old and reconf.
gave rise to immediate cause (a), stating the underlying DUE TO	1 1 1 1 1 1 1 1 1
causa last. (c) Comple art	enoscenses years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED?
3	YES NO 🖸
PART II. OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CON	D. (Enter nature of injury in Part For Part Flor item 18.)
10	ACE OF .NJJRY (Home, farm, 20t. (City or lown) (County) (State) tory, street, office bldg., atc.)
P.m. 19 af work at work	
21. I certify that (I) (this hospital) attended the deceased from.	Feb. 19., 1961, to Feb. 19., 1962, that (1) (we) last
	t death occured at II.A.M., from the causes and on the date stated above.
John C. Startle	ATTENDING MED. STAFF SIGNED
22c. PAYSICIAN'S	22d. ADDRESS
J John C Stauffer 145 S.Pr	ospect St. Hagerstown Md.
REMOVAL (Specify)	OR CATION (City, town or county) (State)
Burial 2.21.62 Rest Haven 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Hagerstown Vashington Md.
1 / 1 / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	m / - 1
House of sun Hancock	Mc DATE FEB 23 '62   Craws & Heave



**DIVISION OF STATISTICAL RESEARCH** ON STREET, BALTIMORE 1, MARYLAND 02426 CERTIFICATE OF DEATH funeral executed within 24 hours after I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) a. COUNTY b. COUNTY Washinaton MARYLAND b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown Hagerstown URan filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street eddress d STREET ADDRESS 310 N. Prospect 310 N. Prospect completely 3. NAME OF Middle DECEASED OF (Type or print) High DEATH 'teb rnaru 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years 'IF UNDER I YEAR and last birthday) WIDOWED X DIVORCED | 63 physician 10a. USUAL OCCUPATION (Give kind of work PETIONE 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) (ionductor please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 attending I and Anna Granklin Abram Haram 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Hagerstown, Md. 941-B Lanvale St. law requires that the 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) впоуа physician. Mrs. Doris Spoonire 716-09-940 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). yd bengis DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) the burial-transit **DUE TO** Conditions, if eny, which gave rise to immediate couse DUE TO (a), stating the underlying burial, cause last. certificate PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIE) 19 WAS AUTOPSY CERTIFICATION 35 20a ACCIDENT WAS UNDERLYING [] DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER ached 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ) 20f. (City or town) retained E factory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. 10 1.26.2. ... 19 ... that (1) (we) last 19...., to.... and that death occured at 20M, from the causes and on the date stated above, saw the deceased alive on.... SIGNATURE ATTENDING MED. STAFF director, page 3 PHYS. DIRECTOR PHYS. TO HOSPITAL 22c. PHYSICIAN'S ADDRESS 22d NAME (Type) Howard Weeks 136 Potomac 23s. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYAL (Specify) Rest Haven Cemetery Hagerstown Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) DATE FEB 8 Chilling & Throng 15M 7/61 Rest Haven Funeral Chapel Hagerstown Md.

LAND STATE DEPARTMENT OF HEALTH

a IS RESIDENCE ON A FARM?

YES NO X

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO X

(Steta)

DATE

(State)

Md.

SIGNED

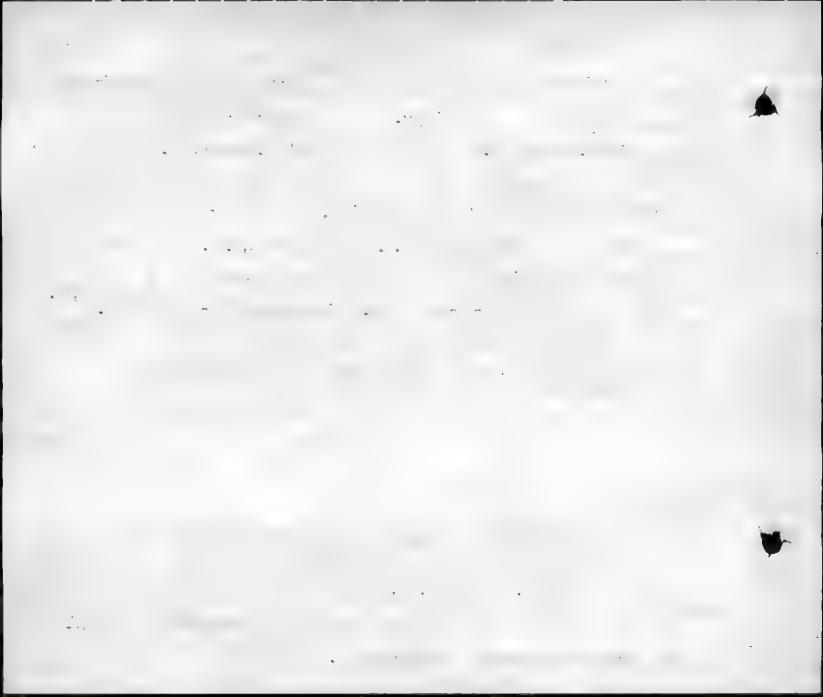
12 CITIZEN OF WHAT COUNTRY?

Months

Days

(County)

Yeer



DIVISION OF STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE 1, MARYLAND CENTIFICATI OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY Washington a. STATE Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporete .mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Hagerstown weeks Rural Williamsport Pages 1 d. NAME OF HOSPITAL OR INSTITUTION 'if not in hospital, give strent address? d STREET ADDRESS . IS RESIDENCE ON A FARM? Route Washington County Hospital YES NOT 3. NAME OF Middle 4. DATE DECEASED 19 62 (Type or print) DEATH February Franklin Horn William 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B DATE OF BIRTH AGE (In yeers IF JNDER 1 YEAR IF UNDER 24 HRS. lest birthday Months Male WIDOWED [ DIVORCED Nov. 15. YIL 10a. JSUAL OCCUPATION (G've kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 1", BIRT. PLACE County & Stell or fore 3n country" 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hagerstown, Store Grocery owner 13. FATHER'S NAME 14 MOTHER 5 MA DEN NAME attending pt Then please C. Blanche Horn William H. Horn 15. WAS DECEASED EVER NU.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) Mrs. Ethel Horn Williamsport Rt. 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: artinia IMMEDIATE CAUSE (e) Gouty hephritis Conditions, feny, wheth geve rise to Immediate cause DUE TO (e), stelling the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY NO 20e. ACCIDENT WAS UNDERLYING | | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.] While Not While Hour e.m. el work et work 21. I certify that (I) (this hospital) attended the deceased from... The form the courses and on the date stated above. saw the deceased alive on...... 22b. DATE 22# SIGNATURE STAFF SIGNED ATTENDING. DIRECTOR PHYS. TO FUNERAL I director, page 3 be filed with the PHYS. 22d. ADDRESS 22c. PHYSICIAN S 135 North P tomac Street Hagerstown Md. NAME (Type) Dr. J. D. Wilson 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Hagerstown, Md. Rose Hill Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 1SM 9/60 Scott F. Minnich & Son Hagerstown, Md. DATE FR 6 2 mil w/ L Though

physician

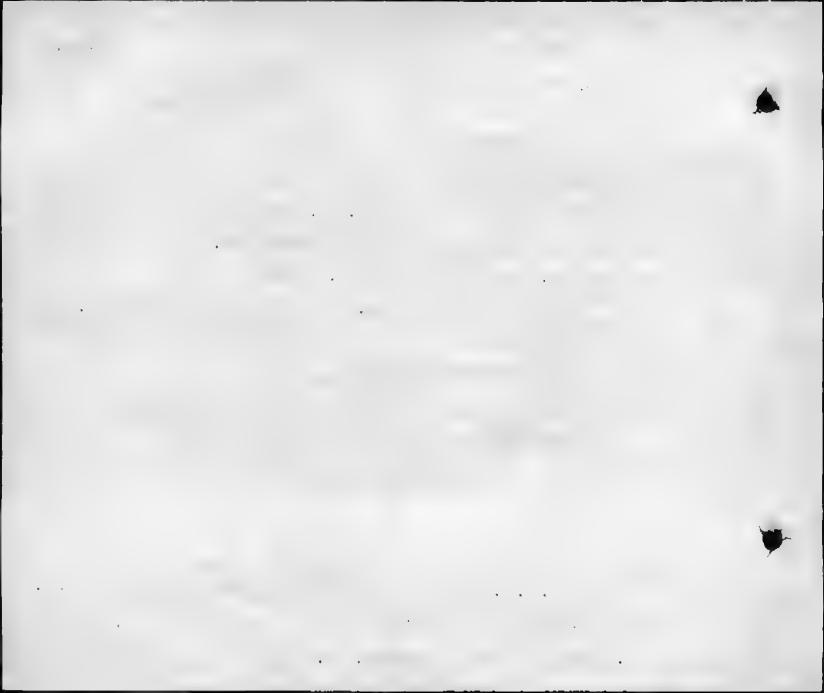
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MARYLAND STATE DEPARTMENT OF HEALTH





VR A15 (4) 15M 9/60 14

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02429 CERTIFICATE OF DEATH

	PLACE OF DEATH  e. COUNTY WORK DESCRIPTION OF RESIDENCE (Where deceased 179d, If Institut of Residence before edmiss on)  e. STATE Pa.  b. COUNTY Franklin
	b. CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate i mits, write RURAL and give naarast town)  RUTAL - RUYEW TOWN  C. CITY OR TOWN (If outside corporate I mits, write RURAL and give naarast town)  ROUZ ERVILLE  75%
E	Tateway nursing Home Midde Last 4 Date Month Dev Year
	DECEASED (Type or print) HARRY E. IZER DEATH TEST, 27, 1962  SEX 16. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE III YEAR IF UNDER 24 HRS.
10e	WIDOWED IN DIVORCED DIVORCED Min.  OUL OCCUPATION (I we knd of work 10) K ND OF BUSINESS OR NDUSTRY 11 PTPPLACE (County & State, or fore gn county)  12. CIT ZEN OF WHAT COUNTRY?
13.	FATHERS NAME B DERY
	Was preased ever N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  os, no. 1/1/0/6/n) (Hymanicarordalesolservice) 2/0-26-5318 Cufford Trey - 224 Hadenstown md
	18. CAUSE OF DEATH [Enter only one cause of one for (a), Iby and (c).  PART I. DEATH ACAUSED BY.  MAREDIATE CAUSE (b)  Cute Carcliac Failure  INTERVAL BETWEEN ONSEY AND DEATH Suicklein
	Conditions, if any, which (b) Chronic Endocarditis 2 yrs,
z	(a), stelling the underlying DUE TO Cloud Scrute Bronchial Cothing 3 weeks couse lest.  PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
CERTIFICATION	PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18)
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. T ME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Steta)  Hour a.m. While Not While at work at work at work at work.
	21. I certify that (I) (this pospital) attended the deceased from ACC1. 30 1961, to T. L. 7., 1962, that (I) (we) last sear the deceased alive on T. 1962, and that death occurred at 31.30. Train the causes and on the date stated above.
	222. SIGNATURE  ATTENDING MED.  DRECTOR PHYS. D 2/28/6 SIGNED  ATTENDING PHYS. D 2/28/6 SIGNED
	222. PHYSICIAN'S DAVID RBYEWEY 22d. ADDRESS Clear Spring Md.  BIRLANCEPHATON 1236 DATE THEREOF 123G-NAME OF CEMETERY OF CREMATORY 123d. LOCATION (C.iv., townsor country) (Sibile)
	REMOTE (Specify)  Specify  Spe
	a.E. Munuch - Dreencesto, Palate HA 5'62 1 & The



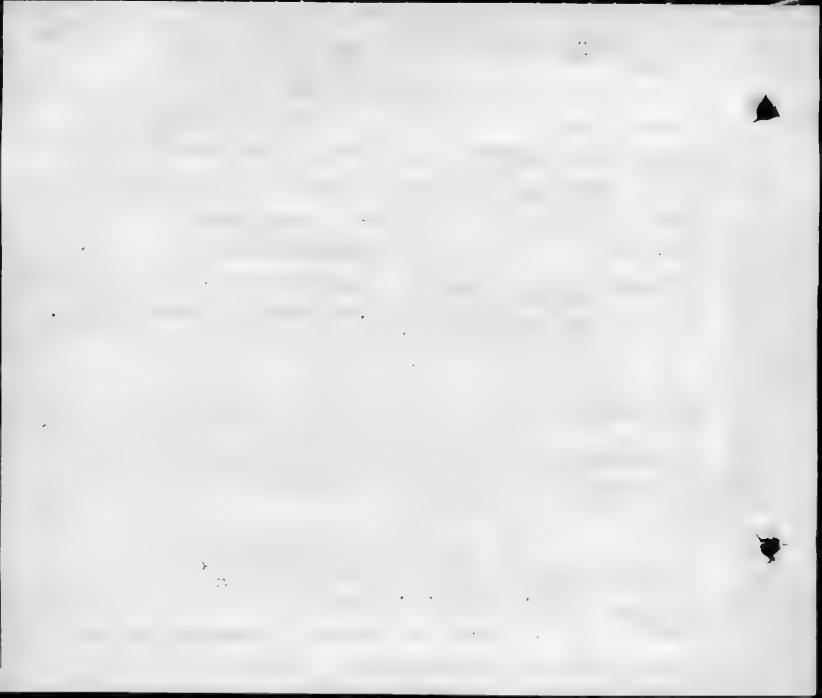
VR A15 (4) 15M 9/IIO MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND

12430 CERTIFICATE OF DEATH

	200						
1. PLACE OF DEATH				ESIDENCE (Where	deceasad lived, If	nstitution: Residence	e before admission)
Washington		MARYLAND	a. STATE	7000	b. COUN		
b. C.TY OR TOWN (if outside i	corporete limits. c.	LENGTH OF STAY IN 16		land L TOWN (If outside co	Cashing		neerest town.
write RURAL and give need	rest town)						Í
_ Hagerstown		4 Yrs		agerstow:	n		
d. NAME OF HOSPITAL OR IN	STITUTION (if not in hospital,	, give street address)	d. STREET	ADDRESS			o. IS RESIDENCE ON A FARM?
907 Mulberry	Ave		907	Mulberr	y Ave		YES NO
3. NAME OF DECEASED	First	Midd.e	1.ast	1 4 DATE	Month	Dey	Year
(T	SEPH 1	ARSHALL	JACKS		H Feby	11 1962	19
	OR OR RACE 7. MARR ED		B DATE OF BIRT	~	9. AGE (In years	IF JNDER I YEAR	IF JNDER 24 HRS.
h			74 25	1883	last b rthdey)	Months Deys	Hours   Min
Male   Mal	nite   WIDOWED [7	Mary Languary	oct 25		1 O yrs.	10 (17175)	F WHAT COUNTRY?
done during most of working I fa,	even if retired)	OF BUSINESS OR INDUST	KY II, B'KIMP.A	(CE County & State		a	
R. R. Mackinie	st Re	etired	Harl	ansburg .	Mercer	Co_ US!	A
13. FATHER S NAME			1 14. MOTHER'S	MAIDEN NAME			
Dr Homes	r Jackson		Ali	ce Cross			
15. WAS DECEASED EVER IN J S.	. ARMED FORCES? 16. SOC	CIAL SECURITY NO. 17.			Address		_
(Yes, no, or unkown) (Ifyesgive)	ranor dates of service)	Ra	v omer	J. Jack	eon 907	Mulher	PW AWA
2	inter only one cause per line f						ERVAL BETWEEN
PART I. DEATH WAS C		01 (0), (0), 0 (0) (0)	and the same of	rstown M	d.		ISET AND DEATH
	TE CAUSE (a) COM	ondry	2001	USION		1 4	box -
14 70 0	DUE TO	/ ,	1	1	ī	0	1
Conditions, if eny, which	) (b) Ayte	ric scles	rotic	Cardio	Vascular	Disease	5yrs
geve rise to immediate ceuse	DUE TO						
(a), stating the underlying cousa last.							
	CANT CONDITIONS CONTRIB	BUTTING TO DEATH BUT NO	OT RELATED TO 1	THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART I(a), 1	9. WAS AUTOPSY
PART II, OTHER SIGNIFIC							PERFORMED?
5	-		- 15				YES NO W
200 ACCIDENT WAS UNDE OR CONTRIBUTING CAUS OF LITHER, NOTIFY MEDICAL	E OF DEATH	SE HOW INJURY OCCURE	) (tinter neture of	injury in Pert I or Par	f II of Ifem IE.)		
	. EXAMINER,						
	110		ACE OF INJURY (	Home, ferm, 20f. (C	lity or town)	(County)	(Stete)
Hour a.m.	While at work	Not While tak		mings, airi			
	(this hospital) attended	the deserred from	1-2.	2 1062-	0 2-11	1 10621	hat (I) fund last
		50 6 L		925	the		to stated above
saw the deceased alive	a on	19. 4. 4 and tha	death occur	ed at/frM, tro	om the causes	and on the da	22b. DATE
220 SIGNATURE	/		ATTENDIN		STAFF		SIGNED
1 C - 27 14	us _	1	A.D. PHY5.	DIRECTOR	PHYS.		2-12-67
22c. PHYSICIAN S NAME (Type)	r 11		22d. ADD	// /	1/1/	1,6	
	F. MESS		_l. Q ×	nithsbr	3)		
230 BUR AL, CREMATION, 236	DATE THEREOF 23	C. NAME OF CEMETERY	OR CREMATOR	23d, LC	CATION (City, to	wn or county)	(Stata)
Burial 2/	15/62 Gra	endale Cem	o towar	Meady	ille Cr	awford	Co Pa
24 FUNERAL DIRECTOR'S SIGNA		ADDRESS - OCIL	e cery	25e, REC'D BY REG	ISTRAR 256, REG	GISTRAR'S SIGNAT	TURE
	Coffman Hag			DATE TER 15		1º 1 8 4.	11.8
TATIOT CA TO	Antimorn uses.	CISLOWN MC		DAIL			







W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission) I. PLACE OF DEATH . COUNTY b. COUNTY MARYLAND TOWN (if outside corporate I m ts, write RURAL and give neerast lown) b. CITY OR TOWN lif outs de corporate I m ts, c. LENGTH OF STAY IN 16 . IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4 DATE Middle Month DECEASED DEATH (Type or print) 1 ach 19. AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 7. MARRIED last birthday) Months Days WIDOWED -DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME attending p 1 16. SOCIAL SECURITY NO. | 17. INFORM (Yas, no, or unkown) . (If yas give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 30445 IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOWANJURY OCCURED, (Enter nature of injury in Part I or Part I of tem 18, 20a. ACC. DENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown, 20c. TIME OF INJURY (County) factory, street, off.ce bldg , etc.) While Not While et work et work 1961, to ox 21. I certify that (1) (this hospital) attended the deceased from 1962, and that death occurred at 8.A.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE S GNED PHY5. DIRECTOR MD. death. Page 4 22¢ PHYS CIAN'S 23a, BURIAL, CREMATION, 1 23b 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M 9/60



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	02434 CERTIFICATE OF DEATH	02422
1.	PLACE OF DEATH  e. COUNTY  AS HINGTON  MARYLAND  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	LETON -
_	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, g ve street address)	e. 15 RESIDENCE ON A FARM? YES NO X
-3. -5.	NAME OF DECEASED (Type or print)  SEX 6. COLOR OF RACE 7. MARDIED   NEVER MARDIED   B. DATE OF BIRTH  19. AGE (In years IF NOER	Dey Yeer 1962.
10.	MALE WHITE WIDOWED DIVORCED NOVEMBER 12, 1872 89 yrs. John USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or forzight country) 12. CI	Days Hours Min.
13	THE SHAME EMDLOYIETY KOAD DEP.T. WERE BOOMSBORD WASH CO'M	0. 474
	SAAC KLINE  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 INFORMANT  Address  On, no, or unknown) (Ifyosogive were orderes of service)	_
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (e)  DUE TO  DUE TO	30 RO XLD I INTERVAL BETWEEN ONSET, AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c)	
FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
A CERTIFI	20a ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Part I or Port II of tom 18 ' OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	iuniy) (State)
WEDIC/	20c. TME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Co the factory, street, office bldg., etc.)	ounty) (State)
	saw the deceased alive on Tely	the date stated above
	22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	7/62 SIGNED
23	1. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or coun	(State)
24	DURIAL TIPERUALA 9:1962 BOONS BORD CEMETERY DOOMS BURG. WASH . ADDRESS 25% REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
1	John N. Bust BOONSBORD MD. DAPER 13'62   wind X.	Mana

MARYLAND STATE DEPARTMENT OF HEALTH



15M 9/6■

## RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND ERTIFICATELO Items 5 1. PLACE OF DEATH IDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY **b** COUNTY Maryland Washington Vashington b. CITY OR TOWN (if outside corporate I'm is, MARYLAND c. LENGTH OF STAY IN 16 write RURAL end give nearest lown) Hagers town y ITS Hagerstown d STREET ADDRESS IS RESIDENCE ON A FARM? 1028 Mulberry Ave YES NO 3 1028Lulberry 3. NAME OF Middle Last . DATE DECEASED Type or print! DEATH Feby AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX Female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BRTH lest birthday) Months NAXE White WIDOWED 仮 D, VORCED June 87 20 1874 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUS NESS OR INDUSTRY II. 6'THPLACE , County & Ste 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Housewife Waynesboro Franklin Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William K Reid Emma Amelia Strivier Snively 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordeles of sarvice) No Robert C. Porter 1028 Mulberry INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).] Hagerstown Ld. ONSET AND DEATH DEATH WAS CAUSED BY: mas IMMEDIATE CAUSE (a) Generalised anternas elevasis Conditions, if any, which gave rise to immadiata cause DUE TO (a), stelling the underlying cause lest. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in very in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f, 1C ty or town) (State) 20c. TIME OF INJURY Month, Dev. Year [County] factory, street, office bldg., etc.) While Not While Hour a.m. et work el work 21. I certify that (i) (this hospital) after. the deceased from. Dec 19 ... 1961, to Feels 19, 1961, that (1) (we) last .19.6 2... and that death occured at 11.25.M, from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE DATE **ATTENDING** S.GMED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Md 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 1 23b DATE REMOVAL (Specify) Hagerstown Wash Rose H Cenetery Buria 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** Coffnan Hagerstown kd. Andrew K. DATE EB 2 3 '62



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02636 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) I. PLACE OF DEATH m. COUNTY a, STATE **b.** COUNTY Washington Washington MARYLAND Marvland c. CITY OR TOWN (If outside corporate I m ts, write RURAL end give nevest town) b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY N 16 write RURAL and give nearest town] Hagerstown R # Hagerstown R d. STREET ADDRESS . IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, dive street address ON A FARM? Cearfoss Pike Cearfoss Pike YES TO NO 3. NAME OF 4. DATE Middle DECEASED DEATH Feby (Type or print) CLARA  $\mathsf{LONG}$ 6. COLOR OR RACE T. MARRIED T NEVER MARRIED AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) [Months] Days Hours | Min. WIDOWED D VORCED Dea physician 10e. USUAL OCCUPATION IG Ve kind of work 12. C TIZEN OF WHAT COUNTRY? County & Stelle, or lore an country) done during most of working life, even if retired) USA Hagerstown Wash Co hd. Home Housewife 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME please attending Annie Miller Henry Calvin Foltz IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17. INFORMANT Then (Yes, no, or unkown) (Ifyesgivewerordeles ofservice) Kenneth Long Hagerstown Md. R # None No Cearfoss Pike ∡b), end (c) [ IB. CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) signed DUE TO Conditions, if any, Which peen gave risa to immediate ceuse DUE TO (a), stelling the undarlying has PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(4) 19. WAS AUTOPSY certificate PERFORMED? 10 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Part 1 or Part 1 of Item 18.) After 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fatm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office b dg., atc.) Wh la Not While Bl work st work TOR: 19.2 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Le... saw the deceased alive on. 2 22b. DATE 22a 5 GNATURE ATTENDING SIGNED PHYS. death, Page 4

CO FUNERAL

director, page 3

be filed with the PHY5. DIRECTOR 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR 238. BURIAL, CREMATION 23d. LOCATION (City, lown or county) REMOVAL (Specify) Rest Haven Cenetery Hagerstown Buria 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) mus L. Thouse 15M 9/60 Coffman Hagerstown Md.

LAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. Ses. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within II hours after death. If any delay is nee please execute the state, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for vy TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours file death.

VII. A15ME 5M 7/59

MARYLAND STATE D	EPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS,	
UZUJ/ MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 02425
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
WASHINGTON MARYLAND	STATE     B. COUNTY     MARYLAND     WAS HTWEFTON
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate   mils, write RURAL and give merest town)
write RURAL and give nearest town) HACERSTOWN 10 YEARS	A HAGERSTOWN
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  •. IS. RESIDENCE ON A FARM?
922 POPE AVENUE	922 POPE AVENUE
NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer
(Type or print) MINNIE ALICE	LONG DEATH FEBRUARY 18 19 62
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED DIVORCED M	LARCH 5 1892 69 yrs. Months Days Hours Man.
Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stele or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER	MARTINSBURG WEST VIRGINIA U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES V MASON	MARY J FRANKS
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. If (15. no. or unkown)   [Ifyesgivewerordetesofservice]	INFORMANT Address
NO 215-34-4077 MR	S WINIFRED SNAVELY HAGERSTOWN MARYLAND
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSELAND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	y Column ( justice)
DUE TO	
Conditions, if eny, which	andro Carner Greacen 3 yes
geve rise to immediate ceuse (e), stating the underlying  DUE TO	
merce lest.	70
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED?
Tell down stands	Need of bone of felf 14ES NO 1
PRIMARY Or CONTRIBUTING 2	Enlar nature of injust In Part f or Part I, of item 18.
CAUSE OF DEATH.	The second secon
	ACE OF INJURY (Home, ferm, 2Df., (City or town) (County) (Stete)
6 p.m. 2 -/ 1962 at work at work	Atomic Hogershim Wook May
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes Accident . Suici	
1501219	CHIEF MEDICAL EXAMINER
ACTUAL A. M. July	
EXAMINER'S	DEPUTY MEDICAL EXAMINER 215 W WASHINGTON ST.
NAME (Type) E.W.DITTO JR. M. D.	Address (Street, city, town, or county) HACERSTOWN MARYLAND .  R CREMATORY T 223. TOCATION (City, town, or country) (Stete)
REMOVAL (Specify)	
BURIAL 2-21-62 ROSEDALE CEMET	ERY MARTINSBURG WEST VIRGINIA  246. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
SUTER-ROUZER FUNERAL HOME HAGERSTOWN MARY	YLAND DATE GER 2 6 '62   Couldny 1 Trans



30	A	AARYLAI	ND S	TATE	DEP	ARI
*	DIVISION OF STATISTICAL	RESEARCH	AND	RECOR	DS,	301 1
$\lambda l$	000-	- (	CEDT	IELC /	TE	OF

	MARYLAND STATE DEPARTMENT OF HE	ALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STR	EET, BALTIMORE I, MARYLAND
02438	RESEARCH AND RECORDS, 301 W. PRESTON STR CERTIFICATE OF DEATH	02128

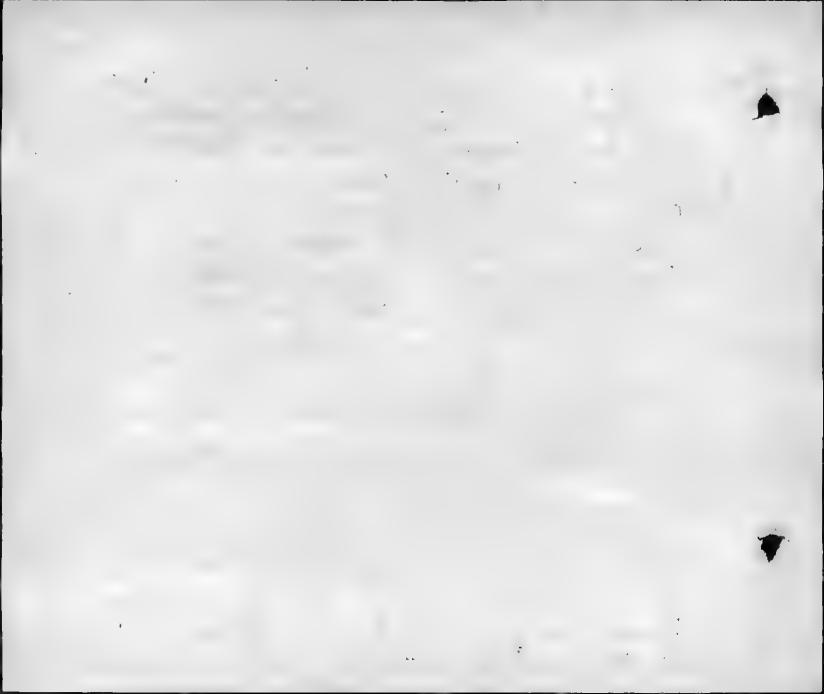
	1. PLACE OF DEATH	a storest becameleds that a bound of the storest before ad	an testa al
М	e. COUNTY	2. USUAL RESIDENCE (Where decessed I ved, If institution) Residence before ed  • STATE  • COUNTY	m155 Dr1)
Н	WAShington MARYLAND		Lan
4	b. CITY OR TOWN of outside corporete limits.	c. CITY OR TOWN ( foots de corporete limits, write RJRAL and give nearest town	767
П	write RURAL and give neerest town)	111	,
	Williamsport lyr-5mo-24da	P-HAgerstown	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street eddress	d STREET ADDRESS , e. IS RES	DENCE
- [	2.111	ONA ONA	FARM?
Į,	Williamsport Sanitarium Inc.	! 1118 Oak Hill, ave. YES []	NO 4
	3. NAME OF Frst Middle	Lest 4 DATE Month Day Year	
- 1	(Type or print)	P 14 DEATH 2.1 12 19	1.0
- 1	or ourse marma	2000011 100	600
-1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARR ED B	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 2   ast birthdey   Months Days   Hours	
	temale white WIDOWED IN DIVORCED !	Sept 15, 1884 Tyrs. Months Days Hours	Mn.
- 1			INTRV2
- 1	10a. USJAL OCCUPATION (Give kind of work   10b. KIND OF BUS NESS OR INDUSTR   doge during most of working life, even if refired)	Y BIRTHPLACE (County & State, or fore \$ country)   12. CITIZEN OF WHAT CO	VOLHIKEE
- 1	School Teacher	Chicago Illinois 4.5. a.	
- 1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
- 1	2//11	$\varphi$ , $\varphi$	
- 1	William Welse	douse Voltman	
		NFORMANT Address	
	(Yes, no, or unkown) (If yes give wer or detes of service)	Maria Al Maria & Marriage M.	1
-1	140 - 140 NE MI	rs HARVEY H. HUYSEF IT HAGERSTOWN ILL	7.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).	INTERVAL BETV	VEEN
	PART I. DEATH WAS CAUSED BY:	lia Lanctina	-
	IMMEDIATE CAUSE (a) 141 4 0 C. C. C.	1 11 2 1 1 1 1 1	-
	[ ] O DUE TO		
	[ Conditions, it env, which ] (b) Arterioscler	otic Heart Disease 18 dr	7.
	gave rise to immediate cause		_
	(e), sleting the underlying DUE TO	2 9 1   Control	. —
	couse lest. ) (c) Artorioscie	40717 - JENELEI 8.16	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01: 19. WAS AU	
	DE TOTAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C	PERFOR	
- 1	CCATA		10 [K]
	206. ACC.DENT WAS UNDERLYING , 2Db. DESCRIBE HOW NURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)	
- 1	206. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW NUTRY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THE STATE OF T		
		OF OF INTURY (Harman Francisco)	itele)
ı	2De TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA Hour e.m.   While Not While   fect	CE OF INJURY (Home, farm. 201. (City or lown (County) (S ory, street, office bldg., etc.) !	11010)
- [	TO 2Dc TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCJRRED 20c. PLA Hour e.m., While Not While fect et work et work		
- 1		March 1054. Est la 1062 11.000	N. 1
	21. I certify that (I) (this hospital) attended the deceased from	/// 3 T.C.L 19,2.7 to 12.3:	ve) last
	saw the deceased alive on F.>b (1	death occured at. I.A.M., from the causes and on the date stated	above.
	226. SIGNATURE /	226.	DATE
- 1		ATTENDING MED. STAFF	S GNED
		D PHYS. DIRECTOR PHYS Fx.6 - 13	162-
1	NAME (Type)	22d ADDRESS	
	LLOYD'A HOFFMAN M. D.	214 N. POTOMAC ST. HAGERSTOWN MARYL	AND
	and some some some some some some some some	•	tal
	230. BUR AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	250. LOCATION (City, lown or county) (SIE	10)
	DITT TAT . A T	ORTIALY GARDENS HAGERSTOWN MARYLAND	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REG STRAR'S SIGNATURE	
1		EER 1 9 '62	
	SUTER-ROUZER FUNERAL HOME HAGERSTOWN MAI	RYLAND DATE TED TO DE C. TOTAL	



4	tem 18 Film 346 3-1MARYEAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02427
MEALIH DEPT.	1. PLACE OF DEATHS.  2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission as COUNTY)  b. COUNTY  b. COUNTY  c. STATE
Page es.	b. CITY OR TOWN (if cutside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if cutside corporate I mits, write RURAL and give nearest town)
EA EM)	HACERSTOWN I DAY COLMAR MANOR
ay is for y for y	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM
y dell unera ined tate B	WESTERN MD. STATE HOSPITAL 3427 40 - PLACE YES NOW
If any the far the far the Sign design desig	TYPE OF PINT MARY JULIA MABDOX DEATH Feb. 28 1962
d 3 to asy be with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS
2, and 5 m	WIDOWED DIVORCED   1474, 23 0 5 yrs.    100 USUAL OCCUPATION (Give kind of work 100, KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTR
ours and pages 1, Page in 72	HOUSEWIFE DOMESTIC VIRGINIA 4.5.A.
PM3.	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
orm File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown)   [lifyes gives war or detes of service]
with formit	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)?
rxecul l in It ong v onsit p	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
d be e penci ce al ial-tra al, ≡n	SULF TOOL X
hould offi	Conditions, if any, which state of the state
mding iner's	[e], steting the underlying DUE TO [c] [c]
d "pe Exam unition,	PART H OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE COND. TION GIVEN IN PART I(4), 19. WAS ALTOPS' PERFORMED?
This wor	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of them 18.1)
MER: ng the 3 sho unial,	CAUSE OF DEATH.
AMII) writii Page Io bi	20c. TIME OF INJURY Month, Dey Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY INOTHE, farm, 20f. (City or town) (County) (State)  Hour e.m. While Not While at work at
cate, to the prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
BC III	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
DIR	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
be figure	EXAMINER'S 7 - 11 7 - 1 DEPUTY MEDICAL EXAMINER 7
SEPU Se des	NAME (Type)  Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, town, or country)]  (Stele)
O 2 4 0 2 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BURIAL 3-3-62 PROSPECT HILL FAONT ROYAL VA.
VS. AISME	ADDRESS 246. REC'D BY REGISTRAR 246.
5M 9,60	(CRIM IN)



2. USUAL REST 1. PLACE OF DEATH a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 JON (if not in hospital, give street address) Midd.e (Typa or print) DEATH AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONR 13 FATHER S NAME 18. CAUSE OF DEATH [finter only one cause per line for la), (b), and (c), ONSET AND DEATH . DEATH WAS CAUSED BY: IMMEDIATE CAUSE ... DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 168) WAS AUTOPSY PERFORMED? Se of NO TO 20a. ACC DENT WAS UNDERLYING . . . 20b. DESCRIBE HOW NULRY OCCURED. (Enter natura of injury in Part I or Part II of Item 18 )
OR CONTRIBUTING [ ] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year | 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg., atc.) Whie Not Whie at work at work 22b. DATE 22a. SIGNATURE SIGNED STAFF DIRECTOR 22d. ADDRESS 22c PHYS C AN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 250. REC'D BY REG STRAK 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE FEB 2 3 '62 Oath g. 8 - Krong





301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 112442 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY **b.** COUNTY 28 Mashin ton Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporete limits, write RURAL and give nearest fown write RURAL and give nearest town) Hagerstown Weeks Cumberland filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Mestern Larvland State Hospital 317 Columbia NAME OF Miridle 2 DECEASED OF DEATH (Type or print) COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH and last birthday] WIDOWED [ D VORCED male October 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even il retired) Painting Contractor Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Scott Marvin Laura Middleton 15. WAS DECEASED EVER IN J.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (lyes give we ror detes of service) Mrs. Ida Benzel No 1214-07-5222

1B. CAUSE OF DEATH [Enter only one cause per ine for (e), b), and (c)] PART I. DEATH WAS CAUSED BY. Lobular preumonia, bilateral MMED ATE CAUSE (a) DUE TO capcinoma of mouth & local metas tasis gave rise to immediate cause **DUE TO** (a), steting the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a, 19. WAS AUTOPSY 20e ACCIDENT WAS UNDERLYING [ ] 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. | certify that (I) (this lamped) attended the deceased from 2 - 14 saw the deceased alive on 2 - 28 - 1962, and that death occurred at 11.54, from the causes and on the date stated above 22a. SIGNATURE ATTENDING death. Page 4
death. Page 4
TO FUNERAL
director, page 3
be filed with the DIRECTOR PHYS. 22d, ADDRESS 22c, PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spec fy) Cumberland Hillcrest Burial Park Burial 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) (5) LOL ADRESS tur Street 15M 7 61

Cumberland

Ruth E. Silcox

AND STATE DEPARTMENT OF HEALTH

Maryland DATHAR

Allegany e. IS RESIDENCE ON A FARM? YES NO Day Year Month 1962 AGE (In yeers IF UNDER 1 YEAR ! IF UNDER 24 HRS 12. CIT ZEN OF WHAT COUNTRY? U. S. A. 221 Offion Street. Cumberland, Maryland NTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO DO (County) (State) 22b. DATE 23d LOCATION (City, town or county) (Stafa) 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE



funeral Item 23d Film G307 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission a. COUNTY b. COUNTY 90 WASHINGTON WASHINGTO N b. CITY OR TOWN (if outs de corporata fimits. t. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town] after d NAME OF HOSPITAL OR INSTITUTION (if hot in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? RURAL YES NO I mpletely 4. DATE Year Last Month Day DECEASED OF (Type or print) DEATH MASON and col AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday] Months Hours REMALE WIDOWED # DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. WASH. HOME DUTIES WORK CO. MD. attending pt Then please 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME 5 CHARLES CHANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17 INFORMANT CEILIE BOWMAN Then Ad dress Junkown) (If yes give war pudates of service) PECKTONVILLE, MD. CLARENCE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ģ \*PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying ø WAS AUTOPSY PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO CERTIFICATION PERFORMED? NO X 206 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED, [Enter neture of in any in Pert Lor Part Lor Item 18.1 UF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stela) factory, street, office bldg., etc.) Not While While at work at work 0 21. | certify that (I) (this hospital) attended the deceased from to tand that death occured and JOM. from the causes and on the date stated above saw\_the deceased alive on. 22b. DATE 220 SIENATURI SIGNED ATTENDING MED, DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c PHYSICIAN S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 1 23b. OH County. Washington -6' 62 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) FUNERAL DIRECTOR'S SIGNATURE 15M 7,61 N William S. Traces

ARTMENT OF HEALTH

ESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 1) 2, USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Washington ashington MERYLAND b. CIY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest fown) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown) Hagerstown 8 Irs Hagerstown d STREET ADDRESS . IS RES DENCE ON A FARM? 1301 Marshall St YES TO NO TY Marsha] 3. NAME OF 4. DATE Month DECEASED DEATH Feby (Type or print) MAUGANS T. HOW IS 19 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. B. DATE OF BIRTH lest buthday) WIDOWED DIVORCED [ June Male 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY IN BINTHPLACE County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) USA Self Employed York York Co Pa. Mershant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ā aftending r Florence Slick Harvey L. Maugans a 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOC.A. SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) ! (If yes give war or detes of service) Mrs N. Irene Maugans 1301 Marshall NO 220-18-0304

18. CAUSE OF DEATH (Enter only one cause per line for (a), b, end (c), l Hagerstown L.d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve risa to immediate cause DUE TO (a), steting the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) 20c. T.ME OF INJURY (Stete) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. st work at work 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. O HOSPITAL death, Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 723b. DATE THEREOF I 23d. LOCATION (City, town or county) REMOVAL (Specify) 中岛 Rose Hill Cemetery 0 Hagerstown Wash Buria 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE FER 1 3 '62 Coffman Hagerstown Ld. L. L. 1 S. I brances 15M 9/60

ATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY Washingtn Marvland Washington MARYLAND c. CITY OR TOWN (foutside corporete limits, write RURAL end give necrest town) b. CITY OR TOWN ( f outs de corporata lim'ts, C. LENGTH OF STAY IN 16 write RURAL and give neerest town)
Hagerstown Life Hagerstown . IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT On (if not in hospitel, give street eddress) ON A FARM? 724 Washington County Hospital Medway Road YES NO 3 NAME OF Midd e DECEASED Edward 10 1962 Miller February (Type or print) Barry DEATH AGE (In yeers FUNDER 1 YEAR' IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Set birthday) Months Hours Male Dec. WIDOWED A 10a. JSJAL OCCUPATION (G ve kind of work remove 1 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Hauling Transfer Co. Hagerstown, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ξ Ann Procpor Alex Miller and 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Then (Yes, no, or unknown) (If yes give war or detes of service) Leon Hoover Norfolk, 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, t ny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY の生 PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Peri I or Peri II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While et work et work 1.6 2 19 0 G 10. - and that death occured at I...A.M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. 5 GNATUR ATTENDING SUGNED DIRECTOR PHYS. PHYS. TO HOSPITAL
death. Page A
TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) å. d. Burial Rose Hill Cemetery\_ Hagerstown, Md. REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)-Minnich & Son Hagerstown, Md. DATEER 1

with'n

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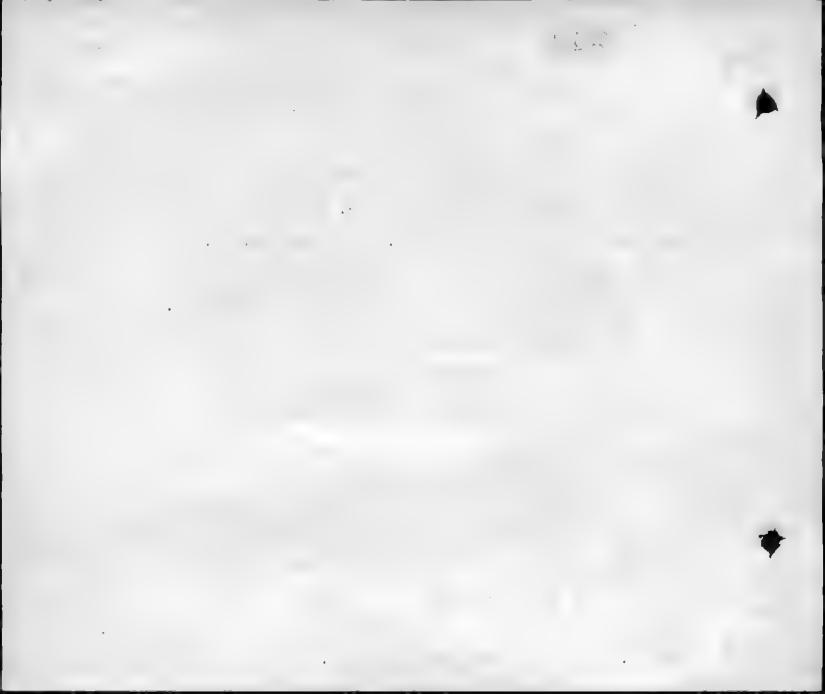
physician

affending

certifica

Oc 1202

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 301 W. MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) e. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (if outs de corporeta limits. c. LENGTH OF STAY IN 16 c. City OR TOWN, If outside corporeta I mils, write RURAL and give nearest town write RERAL and give naerast town) death. If any delay is need 3 to the funeral direct may be retained for your 2 youth the State Board to HAGERSTOWN HOURS HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES TO NO K WASHINGTON COUNTY HOSPITAL PRESTON ROAD 3 NAME OF First Last 4. DATE Yaai Middle Month DECEASED ΟF is after de DEATH (Typa or print) FEBRUARY 19 RICHARD ARTHUR AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED KT may 2 lest birthday) Months hould be executed within 24 hours after der "in pencil in Item 18. Give Pages 1, 2, and s Office along with form PM3. Page 5 may be office along with file pages 1 and 2 Hours Min. MALE DIVORCED MAY WIDOWED 23 10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired? HACERSTOWN MARYLAND STUDENT U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD ARTHUR MOTZ SR. JANE E HARMS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17, INFORMANT Address (Yas, no, or unkown) | (If yes give we ror detes of service) NO RICHARD A MOTZ SR. HAGERSTOWN MARYLAND 18. CAUSE OF DEATH [fellar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which Examiner's ( gave rise to immediate cause "pending" **DUE TO** (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118/1 19. WAS ALTOPSY ficate, writing the word " for the Chief Medical Ex FOR: Page 3 should be u prior to byrial, crematic PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18 ) 20a. EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING CAUSE OF DEATH. Yrain 20c, TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Yaer (County) (State) Not While fectory, street, office bldgs, etc.) al work af work OR t 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my op nion DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner blease execute the should be forwarded by FUNERAL DIRECTAL PIRECTAL ITS designated agent CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY UTY MEDICAL EXAMINER TO W WASHINGTON ST. EXAMINER'S Address (Street, city, town, or county) NAME (Type) HACERSTOWN 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION., 226. DATE THEREOF 22d. LOCATION (City, Jown, or country) REMOVAL (Specify) g40 p O PURTAT. 2-20-62 HAGERSTOWN [-1 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15MEC FER 2 6 '62 Chilling S. Times 5M 7/59 SUTER\_ROUZER FUNERAL HOME



VII A15 (4)

MARYLAND	STATE E	EPARTMENT	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND U2435

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)
	"ashington MARYLA	a. STATE b. COUNTY
-	b. CITY OR TOWN (1 outside corporate 1 m.ts, c. LENGTH OF STAY II	
	write RURAL and give nearest town)	
	Hagerstown _ ½ Hr	Hagerstown R # 4
	d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address)	STREET ADDRESS     ON A FARM?
	Wash County Hospital	Cearfoss YES NO 3
13	3. NAME OF First Middle	Last 4. DATE Month Day Year
V	OPECEASED (Type or pr.pt)  EDITH  MERLE	MYERS DEATH Feby 17 1962 19
)].		B DATE OF BIRTH 9 AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS
4	5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED	lest birthday) Months Days Hours I Min.
	Female   white widowed Divorced	March 31 1897 64 yr.
	1Da. USJAL OCCUPATION (GIVA kind of work and of work done during most of working life, even if relired)	DUSTRY 11. BIRTHPLACE County & State, or form gn country) 12. C TIZEN OF WHAT COUNTRY?
	Housewife Own Home	Four Locks Wash Co Md USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	T. bu Dand at Chambe	
	John Daniel Shank	Isabelle Perrott
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. [Yes, no, or unknown] [Ifyesgivewarordatesofservice]	
	None 1	Preston E. Myers Hagerstown Md R # 4
	IB. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).]	Maryland Interval Between
	PART I, DEATH WAS CAUSED BY:	ONSER AND DEATH
	IMMED ATE CAUSE (a)	There were the
	DUE TO	L
	Conditions, if any, which gave rise to immediate causa	two
	(a), stating the underlying DJE TO	
	cause last. (c)	the
;	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	THOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OC OR CONTRIBUTING  20c AUSE OF DEATH  20c III ETHER. NOTIFY MEDICAL EXAMINER	CURED. (Enter nature of injury in Part I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	and the first of t
		De, PLACE OF INJURY (Home, farm, 20ff. (City or town) (County) (State)  factory, street, office bldg., etc.)
	Hour a.m. While Not While at work at work	
	21. I certify that (I) (this hospital) attended the deceased t	from / - 4- 6719 , to 2-/7 , 1962, that (I) (we) last
		I that death occured A. P.M., from the causes and on the date stated above.
		r that death occurred at
	228. SIGNATURE	ATTENDING MED. STAFF
	N. Da Anto Jr	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) 77 - G IOO 67	22d ADDRESS
	- WALLOP	Hogewhow My
1		ETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	Burial 2/20/62 Dunkard	Cemetery Broadfording Wash Co Md.
7	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1		CEE O 1 1CO
1	Andrew K. Coffman Hagerstown	Ind. DATE PER Z 1 02 Com a & Proma



1 1 2 2

70

and

physician

HOSPITAL Path. Page 4 FUNERAL

OF

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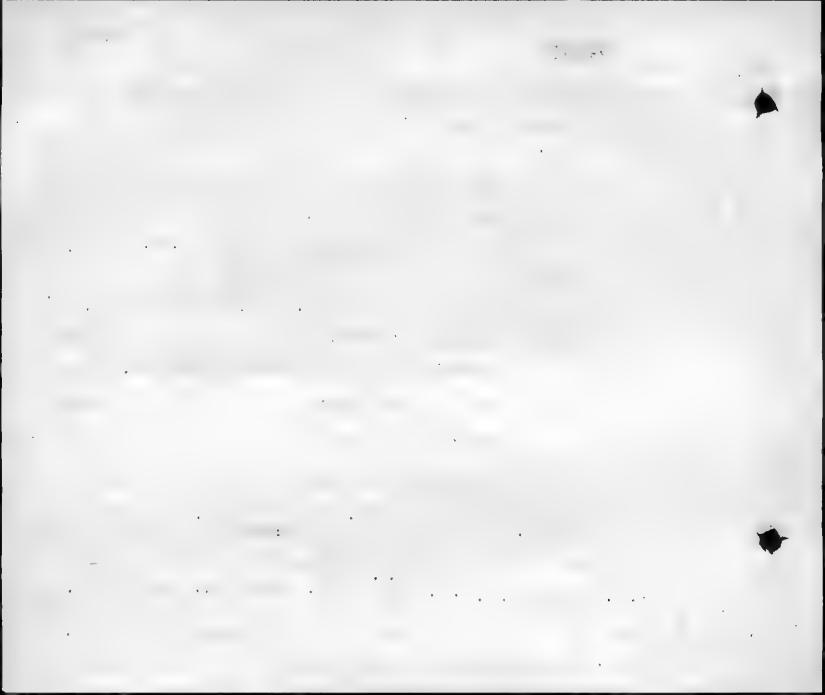
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12440

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission)
• COUNTY Washington MARYLAND	Maryland b. COUNTY Washington
b. CITY OR TOWN (if outs'de corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL and give nearest town) Hagerstown 2 wks.	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g.ve street eddress)	d. STREET ADDRESS   . IS RESIDENCE
Washington Co. Hospital	405 Edgewood Drive YES NO K
3. NAME OF First Middle	Last 4. DRTE Month Day Year
(Type or print) CATHERINE MARY NINER	DEATH February 28 1962
	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
771 5 ( 1971 5 )	June 10,1899 62 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Midland, Allegany Co. Md. USA.
Charles Stevenson	Sarah Lorris
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT H. COADON 10 PHILADO
(Yes, no, or unkown) (Hyesgivewerordatesofservice) NO ====================================	erbert E. Niner, 405 Edgewood Dr.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebrovascular a	ccident ONSET AND DEATH 5 days
DUE TO	
	riosclerotic cardiovascular dis. years
gevs rise to immediate cause (a), stating the underlying  DUE TO	
cause lest. Congestive heart	failure 14 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
Congestive heart	
\$ 200. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Pert II of Item 18.)
	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stele)
Hour a.m. While Not While tax p.m. 19 at work at work	int y, steet, office ording, occi
21. I certify that (I) (this hospital) attended the deceased from.	Feb. 28 , 1962, to Feb. 28 , 1962, that (I) (we) last
saw the deceased alive on Feb. 28 19.62, and tha	it death occured at 513,304 from the causes and on the date stated ebove.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	ATTENDING MED. STAFF DIRECTOR PHYS. 3-1-62
22c. PHYSICIANS NAME (Type)	22d. ADDRESS
J. C. Stauffer, M. D./W. N. Fende	r 145 S. Prospect St., Hagerstown, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
Burial 3/3/62 Rose Hil	1 Cemetery   Hage stown, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Andre K. Coffnan Hagerstown Na	rylend DAMR 5'62

funeral RITENDING SHYSICIAN: The Ew requires that the Seath certifical Seconded within 24 hours after carbon papers. Pages Int., within 72 hours after death. Page 4 ms. Se retained by the hospital or attending physician.

TO FUNERAL DY TOR: After this certificate has been signed by the attending physician and completely filled director, page 3 size (d be detached for use as the bural-trans) permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the contraction. TO HUSTITAL OF VR A15 (4) 15M 7/61



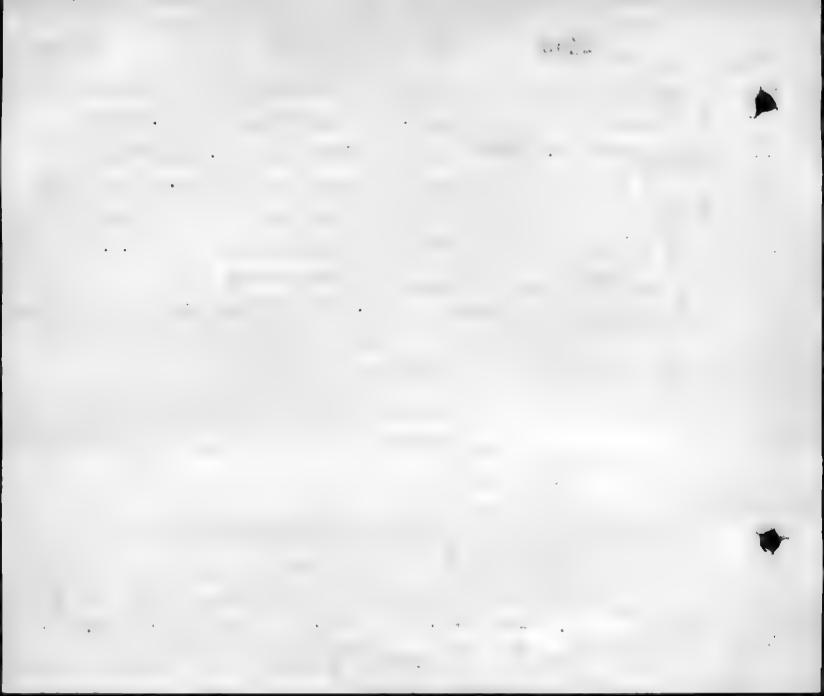
VR AIS (4) 15M 7/61

## MAKYLAND STATE DEPARTMENT OF HEAUTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12438

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)  a. STATE  b. COUNTY
	Washington  b. CITY OR TOWN (if outs'de corporate fimils, write RURAL and give nearest fown)  c. LENGTH OF STAY IN 1b	Maryland Washington - c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural Villiamsport 57 yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Mural Williamsport Md. RFD #1  o. IS RES.DENCE ON A FARM?
	Williamsport I'd. RFD #1  3. NAME OF DECEASED (Type or print)  Anna Belle  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	Williamsport I.d. RFD #1 Day YES NO FOR THE PAINT FEB. 7 19 62  DATE OF BRIH 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female widower Divorced	March 25 1877 84 yrs. 10 12 Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWITE  HOME  13. FATHER'S NAME	Y 11. SIRTHPLACE (County & Stele, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Maryland  U.S.A
\	Unknown	Lottie Haugh
	(Yes, no, or unkown) (Hyesgivewerordelesof service) NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	NFORMANT  S. Frances Miller Williamsport 14d RFT  NITERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	PART I OTHER SIGNIF. CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1.0) 19. WAS AUTOPSY PERFORMED?  YES NO YES NO YES NO NO NO NEW YES NO NO NEW YES NO NO NEW YES NE
		CEOF INURY (Home, farm, 201. (C'ty or town) (County) (State)
		death occured at 3.7.M, from the causes and on the date stated above.
	ZZc. PHYSICIAN'S	D. ATTENDING MED. STAFF DIRECTOR PHYS. 2 8 5 GNED
	NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF  BUT 13 I Specify)  Feb. 10-62  11 Verview (	OR CREMATORY 23d, LOCATION (City, town or county)  Cemetery Williamsport Md.
	24 HOTER STECTOR'S SIGNATURE TO CORESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE FEB 9 '62



OF STATISTICAL RESEAR CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decassed fived, if Institution, Residence before admission) a. COUNTY b. COUNTY a. STATE WASHINGTON MARYLAND b. CITY OR TOWN IT outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town! IVEAR SMIT d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages, d STREET ADDRESS J. NAME OF DATE OF DEATH (Type or print) AGE (In years HE UNDER I YEAR 5. SEX NEVER MARRIED last birthday) | Months WIDOWED TV DIVORCED TEMALE I WHITE гетоме 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) WASH CO MID US A HOUSE 13. FATHER'S NAME please апр 15. WAS DECEASED EVER N. L.S. ARMED FORCEST Then loval, (Yas, no, or unknwn) (If yas give war or datas of service) HAGERSTOWN IN CAUSE OF DEATH linter only one cause per line IMMEDIATE CAUSE (a) bunial-transit DUE TO Conditions, if any. gave risa to immadiate causa DUE TO (a), stating the underlying cause last. use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 0 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20f. (City or town) factory, straet, office bldg., atc.) While Not Whila Hour a.m. at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from...... .19.62 and that death occurred at 6.15.PM, from the causes and on the date stated above. saw the deceased alive on... 22a SIGNAJURI ATTENDING PHYS. DIRECTOR PHYS AA D director, page be filed with t 22c. PHYSICIAN S 22d. ADDRESS 238, BURIAL, CREMATION

(OSE HI

GONSBERD

IS RESIDENCE ON A FARM? YES NO NO

1962

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO I

(State)

22b. DATE

SIGNED,

(County)

256. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

DATER 1 6 162 - Outland S. Knows

death. Page 4 VR A15 (4) 15M 7/61

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S

TEB

funeral

22

1 0 E

completely

physician and

After this certificate has been signed by the

ITOR:

P

death attending

carbon

within 24 hours after

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporata I mits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Hageratown Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Washington County Hospital 229 Alexander S YES NO 🔀 completely papers. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 3eb Kandall 1962 carbon 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED рие lest birthday) Months Male Days WIDOWED [ DIVORCED X remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpenter Construction Hagerstown I'ld. 14. MOTHER'S MAIDEN NAME Harry C. Randall Icia Deville Baker ۵ affen Catherine Randall 229 Alexander St. 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [ [fryesgivewarordelasofservice] 18 CAUSE OF DEATH Enter only one cause per ONSET AND DEATH PART I DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause (a), steting the underlying Seu PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11/18 WAS AUTOPSY PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) 20f. [City or town] (County) (Stelle) factory, street, office bldg., etc.) 4 While Not While st work at work 03 21. I certify that (I) (this hospital) attended the degeased end that death occured et., ... M, from the causes and on the date stated above, saw the deceased alive on 220 S GNATURE DATE ATTENDING, MED. death. Page 4 PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O.F. S 25a. REC'D BY REGISTRAR | 25b. **VR AIS (4)** DATEFIS

MARYLAND STATE DEPARTMENT OF HEALTH

ent well to

## FOR STATE HEALTH DEPT.

Page Page 95. TO DEPUTY MED "M. EXAMINER: This certificate should be amound within 24 hours after death. If any delay is no please execute the ficate, writing the word "pending" in pencil in frem 18. Give Pages 1, 2, and 3 to the funeral direct a should be forwar. A to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for with In FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burlat, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYIAND STATE DEPARTMENT OF UPAITU

	ANTWER I	TWIND SIMIE DI	PARIMENT OF	BEALIB	
Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON :	STREET, BALTIMORE	1, MARYLANI
DOA.	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	023 11

02052	OCTAT
1. PLACE OF DEATH 722	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
Washington MARYLAN	* STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	
Write RURAL end give nearest town) Hagerstown 46 years	// Hagerstawn
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Washington County Hospital	52 Fairgreen Circle YES NO
3. NAME OF First Midd a DECEASED	Lasi 4. DATE Month Day Year
(Type or print) Mary Sloan Reis	sner DEATH February 27 19 62
5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED	I & DATE OF RIPTH IN AGE (IN MARK HELINDER 1 YEAR HE HINDER 24 HDS
Female White WIDOWED DIVORCED	Months Dave Hours Min
10a. USUAL OCCUPATION (GIVE kind of work , 10b. KIND OF BUSINESS OR INDI	
done during most of working life, even if retired)  House Wife Own Home	McConnellsburg, Pa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas F. Sloan	Josephine Alexander
IS. WAS DEC EV.F IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [ ] (Yes, no, or unknown); (Ifyasgivawarordalasotservica)	7. INFORMANT Address
	V. H. Reisner Jr. Hagerstown, Md.
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
MMEDIATE CAUSE (a) Coronary Occlusi	ion Instant —
	71 T7 7 Th'
gave rise to immadiata causa 1	rdio Vascular Disease Recent
(a), stating the undarlying DUE TO	
o to grow tell	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY
F CANTILL S SIGNIFICATION CONTROL TO SOME SECTION OF THE SECTION O	PERFORMED?
5	YES NO
PRIMARY OF CONTRIBUTING X	D. (Entar nature of injury in Part I or Part II of Item 18.)
Honomo digam mbile	PACE OF INDEX (Homa, form, 120), (City or low) her hip (County) (State)
A Hour am White Not White	factory, street, office bldg., etc.)
	Home Hagerstown, Washington, Md.
21. I certify that I took charge of the remains described above.	
death resulted from: Natural causes . Accident .	Suicide [_], Homicide [_], Undetermined manner [_]
1000	CHIEF MEDICAL EXAMINER
SIGNATURE No Cle Stilla Jo	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 🔀 2-28-62
NAME (Type) Dr. E. N. Ditto, Jr.	Addrass (Streat, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS	
	Cemetery   McConnellsburg, Pa.
23. FUNERAL D.RECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerston	vn, "d. DATELY 2'62 and of 8 trace



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decaesed fived, if institution, Rasidence before admission) a. COUNTY **b.** COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Haaerstown Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM 950 Kenwood Drive Washington County Hospital. YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED Riveu Davidson (Type or print) tobruary DEATH 19 62 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days WIDOWED DIVORCED T 10a, USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if rehred) Shirpensburg, l'erra. Sheet Meath Worker 13. FATHER'S NAME George Howard Pi Margaret Rosanno Davidson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivawarordatasofservice) Mrs. H.D. Riley 950 Kenwood Dr. Hagerstown, I'd. 1B. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH Kemonlinge PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate cause **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1,6: 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of dam 18 ) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila \_Not While at work | et work , 1962, that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from M. L. J. L. J. 1961, to Albertalist and the second from Market and saw the deceased alive on .. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Edward W. 217 West Washington St. Ditto III. M. D. 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Hoven Cemetery dagerstown 24 FUNERAL DIRECTOR'S SIGNATURE 258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rest Haven Juneral Chanel. Hagerstown, Md. DATE

a. Vorox

hours

and

physician гетоуе

signed by

has been

certificate ha

retained TOR: Aft

death. Page 4
TO FUNERAL 1
director, page 3
be filed with the

**VR A1S (4)** ISM 7/61

use as I

please



MARYLAND STATE DEPARTMENT OF HEALTH



I	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
١	02456	CERTIFICAT	E OF DEATH		02444
	b. CITY OR TOWN, if outside corporate limits, write RURAL end give neerest town)	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where de a. STATE METYLEND C. CITY OR TOWN (If outside corp.	b. COUNTY	
	Boonsboro	8 Mos hosp ten, g ve street eddress	Hagers town		. IS RESIDENCE
	Reeder Nursing Hol	<b>M∂</b> Middle	47 Delwood Ave	Month	YES NO XX
	NA DESCRIPTION OF THE PARTY OF		AUM DEATH SALE OF BIRTH SALE O	AGE (In yaars IF UNDER 1	62 19 YEAR F UNDER 24 HRS. Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .  Motel Operator  13. FATHER'S NAME	KIND OF BUSINESS OR NOUSTR	Y In. BIRT PLACE (County & State or Hagerstown Wash		USA
	George C. Saum  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)			Address	-
	Conditions, if eny, which (b)	er line for (e), b,, and (c, )	rs Vera C. Saum Hagerstown Md. Minsclesori zenilily		INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause lest.  PART I, OTHER SIGNIFICANT CONDITIONS C		-	CONDITION G VEN IN PART	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	, Enter neture of injury in Part I or Part	l of tem 18.]	YES   NO
	Hour a.m. W	hile Not While fact	CE OF INJURY (Homa, ferm, 201. Cit ory, street, office bldg., etc.)		nty) (State)
	21. I certify that (I) (this hospital) att saw the deceased alive or Feb. 2.	ended the deceased from.	death occured at 5 A.M. from	n the causes and on	
	220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	an "	D ATTENDING MED. PHYS. DIRECTOR [ 22d ADDRESS	STAFF PHYS. [	2/ 22b. DATE SIGNED 10/6.2
	23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 2/13/62	Rose Hill C	emetery Hage	ATION (City, lown or count	Co Md
	24 FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffnan H	lagerstown Md.	DATE FER 1 3 '6		

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATION

No

Conditions, il any, geve rise to Immediate ceuse

20c. TIME OF INJURY

22a SIGNATURE

22c. PHYSICIAN'S

REMOVAL (Specify)

NAME (Type)

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Hour e.m.

p.m.

saw the deceased alive on.

23a, BURIAL, CREMATION, | 236. DATE THEREOF

cause last.

(a), stating the underlying

20a. ACC DENT WAS UNDERLYING ... OR CONTRIBUTING ... CAUSE OF DEATH

IIF EITHER, NOTIFY MEDICAL EXAMINER

18. CAUSE OF DEATH [Enter on y one cause

DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

EJE 10

DUE TO

Month, Day, Year

2.9.62

21. | certify that (I) (this hospital) attended the deceased from

While

et work

Not While

at work

23c. NAME OF CEMETERY

onbloway

## executed within certificate be death

DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH  02435
I. PLACE OF DEATH  e. COUNTY  Washington  b. CITY OR TOWN (if outs de corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence below e. STATE b. COUNTY  Maryland Vashingt c. CITY OR TOWN'(if outside corporate   mits, write RURAL and give neares) in
Rural Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g.ve street address)	HancockMaryland  o. IS  or
Gate Vay Nursing Home  3. NAME OF DECEASED (Type or print)  Charles Mathias  5. SEX 6. COLOR OR RACE   7. MARRIED   NEVER MARRIED X   8	Hancock Maryland  Last  A. DATE Month Day You OF DEATH  Sensel  9. AGE (In yeers IF UNDER1 YEAR IF UND
M   W WIDOWED DIVORCED J	an. 27.1880   Bar birthday)   Months   Days   Hours
done during most of working life, even it retired)	Hancock Maryland  14. MOTHER'S MAIDEN NAME  12. CHIZEN OF WHAT
Henry Sensel  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Rebecca L Weaver

20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm,

M.D.

fectory, street, office bldg., etc.)

ATTENDING

22d. ADDRESS

DIRECTOR

PHYS.

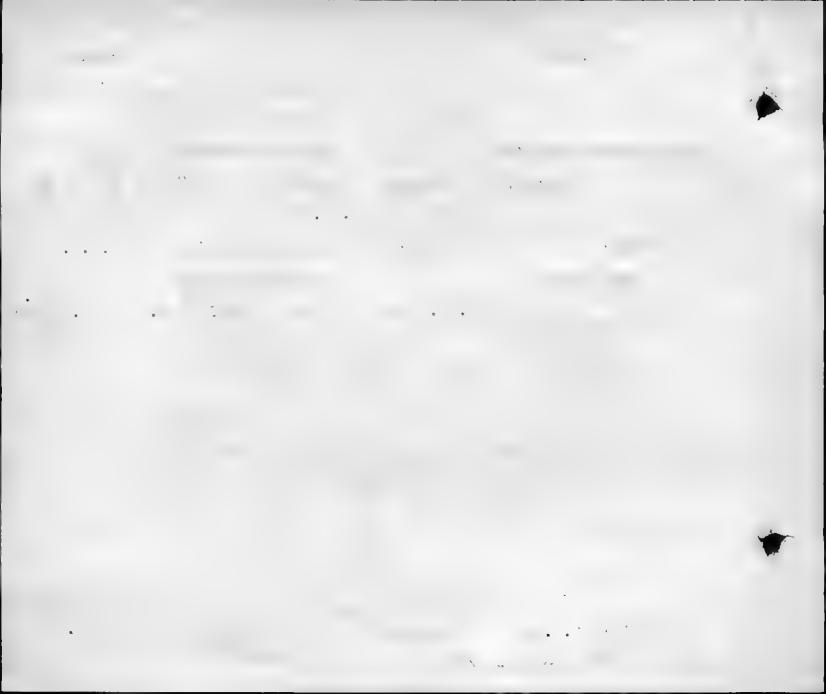
Baptist

ad e. IS RES DENCE ON A FARM? YES NO. ind Yeer Month 19 6 SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. t birthday) Months 1 Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? an country! đ U.S.A. ver Address Md. Miss Mary Sensel 18 St. Hancock ONSET AND DEMTH 1000 PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20f. [City or town] (County) (Stete) 6.2 and that death occurred at IN, M, from the causes and on the date stated above. 225. DATE SIGNED PHYS. LOCATION (City, fown of county lton County Panna 256. REGISTRAR'S SIGNATURE 11 S. Thomas

ed lived, If institution: Residence below admission)

Washington | I mits, write RURAL and give nearest lown)

ō death. Page 4 director, page 3 be filed with the HOSPITAL -YR A15 (4) 15M 9/60



15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12458

CERTIFICATE OF DEATH

02446

1. PLACE OF DEATH  •. COUNTY  WASHINGTON  MARYLAND  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b.	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. STATE MARYLAND C. CITY OR JOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)  FINKSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	FUNKSTOWN  d. STREET ADDRESS  e. 45 RESIDENCE ON A FARM?
TO THE MENTILED IN THE MENTILED IN	The state of Birth 19. AGE (In yeers   FUNDER 17 VEAR   FUNDER 24 HRS.   FUNDER 17 VEAR   FUNDER 24 HRS.   F
MALE WHITE WIDOWED DIVORCED N  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CARMAN  13. FATHER'S NAME	OV 12 1891 67 yrs.  11. BIRTHPLACE (County & Stele, or foreign country)  MYERSVILLE MARYLAND  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
JOHN CLAYTON SHEPLEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyesgive were detes of service)  NO 705-10-8646 MRS	SUSAN GROSSNICKLE  Address WILBUR W SHEPLEY FUNKSTOWN MARYLAND
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)  PUE TO  Myocardial Infar	
Conditions, if eny, which gove rise to immediate cause [a], stating the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause [b]  Artoriosclerotic Generalized arto	coronary artery disease yrs eriosclerosis yrs
ASTHMA  200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED.	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,e) 19. WAS AUTOPSY PERFORMED?  YES NO (Enter neture of injury in Pert I or Pert II of Item 18.)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) 7, street, office bidg., etc.)
21. I certify that (I) (this hespital) attended the deceased from	July 26, 1961, to Feb. 14, 1962, that (1) (we) last death occured at 1:30/AM on the causes and on the date stated above
220. SIGNATURE  HELOCAL R. TRITCH GR.  220. PHYSICIAN'S  NAME (Type)	22d. ADDRESS
HR TRITCH JR M. D.  230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O REMOVAL (Specify) BURIAL 2-16-62 ROSE HILL CEME  ADDRESS	
SUTER ROUZER FUNDRAL HOME HAGERSTOWN MARY	LAND DATE FER 1 9 '62 Color & Kons





VR A15 (4) 15M 7 61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

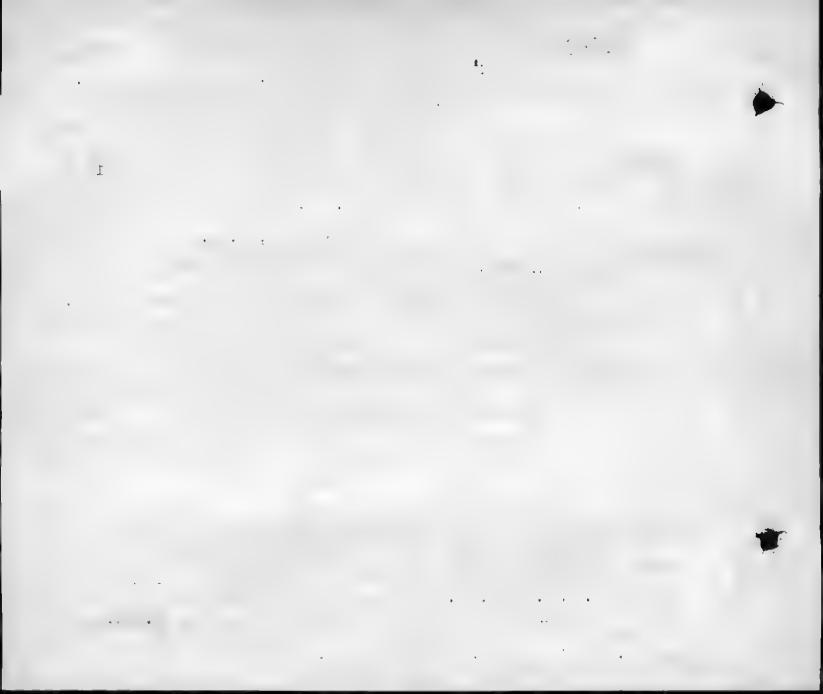
112460		OFFO
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dec	cased lived, H Institution: Rasidenca before admission)
Washington	MARYLAND S. STATE Maryland	b. county Washington
		orata limits, write RURAL and give neerest town)
write RURAL and give nearast town)	25 yrs. Rumol Williamen	×
Hural Williamsport	THE TAKE OF WELL AND THE PROPERTY OF THE PROPE	OFC
		ON A FARM?
Williamsport RFD #1	Williamsport	
DECEASED	Middle Last 4. DATE	Month Day Yaar
	sley Shipley DEATH	Feb. 1 19 62
	NEVER MARRIED   8. DATE OF BIRTH	AGE (fr years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED	☐ DIVORCED ☐ . Feb. 28 1889 1	12 yrs 111 3 1
10a. USJAL OCCUPATION (Give kind of work 10b. KIN done during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or f	
	Farm Downsville Md.	U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
William Shipley	Urilla Hamm	ond
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SC	CIAL SECURITY NO 17 INFORMANT	Addrass RFD I
(Yes, no, or unkown) (Ifyasgivewarordatasofservica)	5 14 6690 Mrs. Edna Mae Ship	oley Williamsport Md.
18. CAUSE OF DEATH   Enter only one cause per line		INTERVAL SETWEEN
PART I, DEATH WAS CAUSED BY:	conacy Thomakaker	Ami List
I I I I I I I I I I I I I I I I I I I	+ 177	
DUE TO	iterioseles the Heart Dis	1810
Conditions, if eny, which gave rise to immediate cause	o dood resolve (see), some in all	0.7902-
(e), stating the underlying DUE TO		
cous» last		TOND TION ONLY ADDRESS OF TONEY
PART II. OTHER S.GN.FICANT CONDITIONS CONT.	RBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	PERFORMED?
		AES NO X
OR CONTRIBUTING [] CAUSE OF DEATH	RIBE HOW INJURY OCCURED (Enter nature of injury in Part 1 or Part 1	of Ham 18 )
ZOc. T.ME OF INJURY Month, Day, Year 20d IN While Hour a.m. While all work	UURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f. (City Not Whila factory, street, office bidg., atc.)	or town) (County) (Stata)
p.m. 19 al work	at work	1
21. I certify that (I) (this mospital) attended	ed the deceased from	Jelinas/19.44 that (1) (we) last
saw the deceased alive on	1 . 1964, and that death occurred at 11.70M, from	
228 SIGNATURE		22b. DATE
Edreng March	ATTENDING MED.	STAFF 2/2/52 SIGNED
22c. PHYSICIAN'S Edson B. Moody,		_
NAME Type 145 South Prespe	ect Street Hagerstown, 1	Maryland
		ATION (C ty, lown or county) (State)
REMOVAL (Specify) Feb. 4-62	Greenlawn Cemetery   Will:	iamsport Md.
Burial  24 EUNEAL DIRECTOR'S STONGSULE / C) /9	. APPDRESS 4 250. REC'D BY REGIST	RAR 256 REGISTRAR'S SIGNATURE
Clebert Leaf W.	ellemosper g de DATE FEB 6 '6!	2 Coring S. Thomas



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02461 funeral should 2. USUAL RESIDENCE (Where deceased hyed, if institution; Residence before edmiss on) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND WAS HING TO() WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, d. STREET ADDRESS HACERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO X HOSPITHL completely papers. 3. NAME OF 4. DATE OF DECEASED DEATH/ 9. AGE (In years IF UNDER 1 FEAR IF UNDER 24 HRS. (Type or print) SHOWE 6. COLOR OR RACE TO MARRIED NEVER MARRIED carbon 8. DATE OF BIRTH last birthday] | Months | Days and Hours DOWED DIVORCED DIVORC DIVORCED MALE WHITE WIDOWED 12. CITIZEN OF WHAT COUNTRY physician remove done during most of working life, even if retired] RETIRED 13: FATHER'S NAME TILCHMANTON WASH, CO.M.D. U.S.A. EMPLOYER attending pl Pue SHOWE Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. FRANKLIN ST oval (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE 101 Chronic duochent will with **DUE TO** 16) and peritoniting gave rise to immediate cause DUE TO (e), stating the underlying PART I. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY certificate S Bengs haphroschwai, nodulu hyperplani pravtote Coronary Schensii Cacheris I NO USB 208. ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW NICRY OCCURED, (Enter nature of injury in Part I or Part II of tam 18 ) OR CONTRIBUTING [ ] CAUSE OF DEATH ITE EITHER, NOTIFY MEDICAL EXAMINER Affer (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 201. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from Feb. 4. ..., 1962, to Feb. (0., 1962, that (1) (we) last OT P saw the deceased alive on Feb 10 1962 and that death occurred and from the causes and on the date stated above. 22b. DATE 22a\_SIGNATURE ATTENDING MED chank PHYS. PHYS. DIRECTOR death. Page 4 of FUNERAL I director, page 3 be filed with the 22c. PHYSICIAN S W. Washing for SY 22d. ADDRESS 23d. LOCATION [City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURLAL, CREMATION, 23b REMOVAL (Specify) VIEW CEMETERY 258. REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 7/61 DATE 1 6 '62 Orthur 9 House



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY a. STATE **b.** COUNTY Washington Md. Wash. MARYLAND CITY OR TOWN (if outs da corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL and giva nearest town) Hagerstown 1 948 Hagerstown Board and 3 to the funeral direct death. If any delay is refained for y d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 807 Interval Road Interval Road YES [ ] NO [ death. 3. NAME OF Fust Middla DATE Month Year DECEASED Simmons 本土土 Samuel Joseph 10 62 Feb. (Typa or print) DESTH after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. may Z 68 vrs Months male white 16. 1894 WIDOWED T DIVORCED [ EXAMINER: This certificate should be executed within 24 hours after 1, 2, al ge 5 n and 2 72 hoy xecuted within 2. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Accident. W. Va. miner mines pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Simmons Lucinda Arenhalt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown] ! [[fvesgivawarordalasofservice] Clarence Simmons, Hagerstown, Md. Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Rupture Of Left Ventricle With Hemopericardium in pencil Recent **DUE TO** (b) Myocardial Infarction Left Ventricle Anterior Recent Recent "pending" gava rise to immadiata causa Ю DUE TO icate, writing the word "pending to the Chief Medical Examiner" 'OR: Page 3 should be used as (a), stating the undarlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118" 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item IB ) PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work of to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forward to FUNERAL DIRECTO death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ DEPUTY MED designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2-22-62 EXAMINER'S NAME (Type) 228. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY Address (Street, city, Iown, or county) 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Accident Cemetery Accident, W. Va. 0 Q 4 0 burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S, SIGNATURE VS. A15ME 2 6 Could of S. Trans Scott F. Minnich & Son, Hagerstown, Md. DATE 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edimission) 1. PLACE OF DEATH a. COUNTY Washington COUNTY Frederick Marvland MARYLAND b. CITY OR TOWN ( f outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearast town) Hagerstown days Rural- Mversville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS B. 15 RESIDENCE ON A FARM? Washington Co. Hospital YES NO Route 3. NAME OF . 4. DATE Month Year M ddle DECEASED THOMAS KELLER DEATH February 1962 (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. lest birthdey) WIDOWED X 1877 male D. VORCED 10a. JSUAL OCCUPATION (Grv - kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Frederick Co. Md. Farmer own gen. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a attending pl Ellen Fox Josiah Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown), (If yes give wer or detes of service) Gorman J. Smith, Myersville, Md. Rt.#2 219-36-2635 INTERVA. BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] ONISET AND DEATH PART I DEATH WAS CAUSED BY: Myocurdial IMMEDIATE CAUSE (a) DUE TO geve risa to immediate ceuse DUE TO (a), stating the underlying PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 3 2De ACCIDENT WAS UNDERLYING [7] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II or Part OR CONTRIBUTING CAUSE OF DEATH 20s. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (State) 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED (County) factory, street, office bldg., etc.) While Not While et work | et work 21. I certify that (I) (this hospital) attended the deceased from 10-19 ..., to 19 ..., to 19 ..., 19 ..., that (I) (we) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHY5. HOSPITAL leath. Page 4 rector, page filed with the 22d. ADDRESS 22c. PHYSICIAN'S (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Wolfsville Frederick Co.Md OFA Mark's Lutheran H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S DATE FEB 2 7 '62 15M 9/60 arilung S. Tiraus Paul F. Bittle, Myersville, Md.

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signed

TO

RYLAND STATE DEPARTMENT OF HEALTH

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YR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH					
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
02464 CERTIFICATE OF DEATH	02453				
1. PLACE OF DEATH	sad lived, If institutions Rasidence before edmission)				
Washington MARYLAND * STATE Maryland	b. COUNTY Washington				
b. CITY OR TOWN (if outs de corporate limits,  Hagerstown  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate  A grant of the corporate limits,  Hagerstown	a limits, write RURAL and give neerest fown?				
d. NAME OF HOSPITAL OR INSTITUTION (d not in hospital, give street address)	a. IS RESIDENCE				
Western Md. State Hospital 18 W. Wilson Bl	LVd. YES NO				
3 NAME OF First Middle Last 4. DATE  (Type or print) BFRTIF MILDRED CALLES	FEB. 15 1962				
5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. A	OF A STANDED A VEARL OF LINDED 24 UP.				
Female   White   widowed   Never married   Aug. 4, 1879   82	St birthday) Months Days Hours Min				
10a. USJAL OCCUPATION [Give kind of work done during most of working life, even if relired)  Clerk  Mem's Clothing Rowlesburg, W.	ign country) 12. CITIZEN OF WHAT COUNTRY?				
	- YGL #				
13. FATHER'S NAME					
Daniel N. Shaffer Nancy	Pugh				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesgivewarordalasofservice)	Address				
18. CAUSE OF DEATH [Enter only one cause per Ina for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF URINARY BZ	Couffer Glen Echo, Md  ADDER  ONSET AND DEATH  ONSET AND DEATH  ON SET AND DEATH  ON				
Conditions, if any, which gave rise to immediate cause  a), stating tha underlying cause last.   Column   Colum	VOITION GIVEN IN PART II.a); 19. WAS AUTOPSY				
FART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH  200 ACC DENT WAS UNDERLYING (J., 20b. DESCRIBE HOW INJURY OCCURED. [Enfair natura of Injury in Part I or Part II of 10 OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	101 YES NO A				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 40 factory, street, office bldg., etc.) Whila Not Whila at work at work 19 factory.					
21. I certify that (I) (this hospital) attended the deceased from 2	15 - 1962, that (I) (we) last				
saw the deceased alive on 2					
Ful vio il tallo gros MD PHYS. DIRECTOR DI	STAFF SIGNED				
122c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROSI 1500 Pa AVE	Regentown M.				
REMOVAL (Spacify)	ON (City, town or county) (Stata)				
	erstown, Md.				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAL	R 25b. REGISTRAR'S SIGNATURE				

Scott F. Minnich & Son Hagerstown, Md.



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OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY **b.** COUNTY a. STATE the 4 b. CITY OR TOWN (if outside corporate limits, MARYLAND MARYLAND JN ASH INGTON c. LENGTH OF STAY IN IN c. CITY OR TOWN III outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) . IS RESIDENCE ON A FARM? YES NO WASH . DECEASED Rost 316 (Type or print) 6. COLOR OR RACE 7, MARRIED NEVER MARRIED FEBRURY -2 - 1962. AGE (In years | IF UNDER 14 HRS. last birthday) | Months | Days WIDOWED \ TEMALE yrs. TENALE WHITE done during most of working (ife, even if retired) attendin≣ phy≡ Then please ren val, and in any HOUSE WIFE MEAR BOONSBORD WASH COMO, U.S.A. Then 16. SOCIAL SECURITY NO. loval, (Yes, no, or unkawn) ((Ifyesgive war or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Ventricular fibrillation minutes IMMEDIATE CAUSE (e) Arterioclerotic heart disease Indefinite Conditions, if ony, which gave rise to immadiate cause **DUE TO** (e), stating the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 PERFORMED? Cholecystitis, acute; Cataracts, bilateral; Senile dementia. 208. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Yeer | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 2Dc. TIME OF INJURY - factory, street, office bldg., etc.) et work at work S S S 21. I certify that (I) (this hospital) attended the deceased from Jan. 21,... 196,119...., Ideath............................, 19 ...., that (I) (we) last Fanuary 3110 1961 that death occured 1/5AM, from the causes and on the date stated above. ATTENDING 22b. DATE 22e. SIGNATURE SIGNED death. Page 4
TO FUNERAL DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert F. Keadle Hagerstown, Md. 23s. BURIAL, CREMATION, , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) TEB 4: 1962 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chilling & House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RESTON STREET, BALTIMORE 1, MARYLAND 02467 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY **b.** COUNTY e. STATE Washington Maryland Maryland Washington
c. CIY OR TOWN (If outside corporate I m is, write RERAL and g ve nearest lown? MARYLAND b. CITY OR TOWN (if outside corporate him ts, C LENGTH OF STAY IN 16 write RURAL and give neerest town) Day Hagerstown Hagerstown d, NAME OF HOSP TAL OR INSTITUTION (If not in hosp ta , give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital YES NOTT West Franklin 3. NAME OF (Type or print) DEATH PATRICK Feby 1962 19 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED XX 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthdey] | Months Hours Male reby WIDOWED -1De. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY II BIR14P, ACE County & Stell a foreign countr 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hagerstown Wash Co Md. attending physi Then please rem None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Phyllis Long Harry Sprankle 15. WAS DECEASED EYER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknwn) (If yes give war or detes of service) ova No Harry Sprankle 57 W. Franklin St None the 18. CAUSE OF DEATH [Enter only one ceuse per ine for ja' pb,, end (c) ] Hagerstown PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which been (b) geva rise to immediata cause DUE TO (a), stating the underlying icate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 206. ACCIDENT WAS UNDERLY NG ] | 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Irom 18 ) (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 2Dd. INJURY OCCURRED 2Da. P.ACE OF INJURY (Home, farm, 2Df. (City or town) While Not While Sectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day Yaar (County) (State) While Not While at work at work CTOB. saw the deceased alive on DATE ATTENDING . STAFF to HOSPITAL death. Page 4 TO FUNERAL L director, par-DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 123c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 123b. DATE THEREOF (State) REMOVAL (Specify) Rose Hill Cemetery Burial Hagerstown Wash Co 25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) entires & Thomas Coffman Hagerstown Md. 15M 9/60 DATE B B 2081271



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CERTIFICATION

MEDICAL

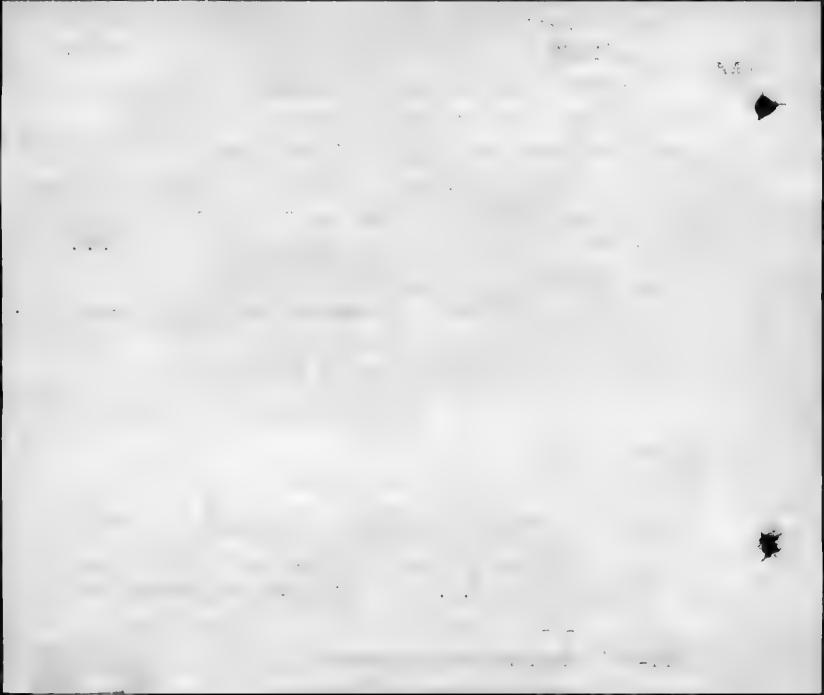
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MARYLAND STATE D	EPARTMENT OF HEAL	TH		
DIVISION OF STATISTICAL RESEARCH AND RECORD		, BALTIMORE 1, MARYLAND		
12/69 CERTIFICAT	TE OF DEATH	02457		
PLACE OF DEATH	2. USUAL RESIDENCE (Where of			
WASHINGTON MARYLAND	a. STATE MARYT, ANT)	WASHINGTON		
b. CITY OR TOWN (if outside corporate aimits, c. LENGTH OF STAY IN TE write RURAL and give nearest fown)	c. CITY OR TOWN (If outs'de cor	porate lim Is, write RURAL and give nearest town)		
URAL HAGERSTOWN 2 YEARS	HAGERSTOWN			
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e 15 RESIDENCE ON A FARM?		
GATEWAY CONVALESCENT HOME	435 GEORGE STRE			
NAME OF First Middle DECEASED	Last 4. DATE	Month Day Year		
(Type or print) ET.T.A NMN	STANLEY DEATH	FEBRUARY 13 19 62		
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		9. AGE (In years IF UNDER I YEAR OF UNDER 24 HRS. last birthday) Months Days Hours M.n.		
FEMALE WHITE WIDOWED DIVORCED	DEC 18 1878	83 yes. Months Days Hours Mr.		
e. USUAL OCCUPATION (Give kind of work and of work and during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, o			
HOMEMAKER	SHENANDOAH VI	RGINIA U.S.A.		
FATHER S NAME	14. MOTHER'S MAIDEN NAME			
UNKNOWN	UNKNO			
<ul> <li>WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.</li> <li>no, or unkown)   (Ifyes give war or dates of service)</li> </ul>	INFORMANT	Address		
	WASHINGTON COUNTY WI	ELFARE BOARD HAGERSTOWN MD.		
18. CAUSE OF DEATH [Enter only one cause per Interior (a), (b), and (c)).  PART I. DEATH WAS CAUSED BY:	10	INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (6)	Lardiac	failine 3thrs.		
DUE TO O	N. D.	1		
Conditions, if any, which (b) (Release	o seceno	ela 10 gra,		
gave rise to immediate cause (e), stating the underlying DUE TO				
causa last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
		YES NO		
20%. ACCIDENT WAS UNDERLYING []   20%. DESCRIBE HOW NJURY OCCUR OR CONTRIBUT NG [] CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter natura of injury in Part I or Part	II of item 18.)		
The state of the s				
	PLACE OF INJURY (Home, farm, 201. (Ci actory, street, office bldg., atc.)	ty or town) (County) (Stelle)		
pm 19 at work st work	0 0	N A		
21. I certify that (I) (this hospital) amended the deceased from		Trekt 11 (1) (we) last		
saw the deceased alive on 1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Vat death accured at 30%; Irb	the causes and on the date stated above,		
228. SIGNATURE	ATTENDING MED.	STAFF 22b. DATE S GNED		
Towax xxxiver	M. D. PHYS. DIRECTOR	PHYS. 4/6/62		
PHYSICIAN S NAME (Type) DAVTD R BREWER M. D.		AR SPRING MARYLAND		
e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETER				
BURIAL 12-16-62 ROSE HILL CE		RSTOWN MARYLAND		
HENGSYN FOLLEGIL		STRAR 256. REGISTRAR'S SIGNATURE		
SUTER-ROUZER FIDIERAL HOME HAGERSTOWN M	ARYLAND DATE FER 1 9	62   ( tather P + C		

DATE FEB 1 9 '62

Calle & the



**CERTIFICATE OF DEATH** 02469 director, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) . COUNTY Washington o STATE **b. COUNTY** MARYLAND Penna. executed within 24 hours after death. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 4 wks 5 days Wavnesboro Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS in by t Avalon Manor 493 South Potomac St. 3. NAME OF First Middle Lost 4. DATE filled DECEASED LANDIS EDITH STONER Feb. Pages (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO KNEVER MARRIED 1 8. DATE OF SIRTH 5. SEX campletely Female White papers. 100 USUAL OCCUPATION (Give kind of work don-during most of working life, even if retired) HOUSEWITE 13. FATHER'S NAME physicion Ezra F. Landis requires that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no, or unknown) attending p CAUSE OF DEATH | Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** 3 or attending physicion.
s certificate has been signed by
se as the byzial-transit permit. dny Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underand lying couse lost. CERT-FICATION PART II OTHER SIGNIFICANT CONDIT removal. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, USe Hour o. m. D. m. hospital 21. I certify that I attended the de alive on... ACTUAL SIGNATURE TO FUNERAL DIREC prior **FO HOSPITAL OR** 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF Burial (Specify) Feb. 20, 19 23. FUNERAL DIRECTOR'S SIGNATURE

**VS A15 (4)** 15M 10/57 Reg. Dist. No 24 58

Franklin

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e IS RESIDENCE ON A FARW?

YES INO PO

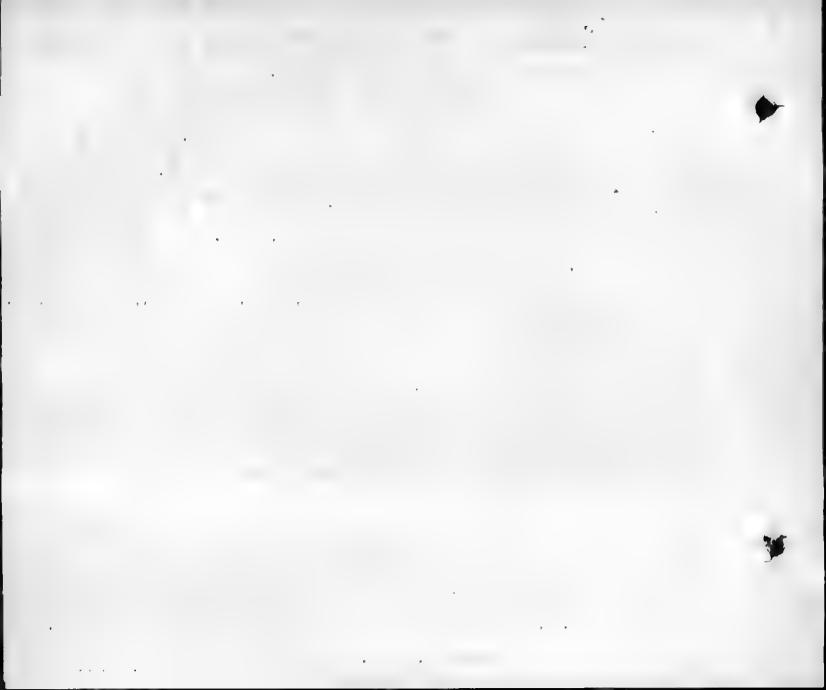
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DIVORCED Sept.	11, 1	879	82	birthdoy)	Months	Days	Hours	Min
e 106. KIND OF BUSINESS OR INDUSTRY IT BIRTHP			untry)		12. C	TIZEN O	F WHAT	COUNTRY?
		. Penn				USA		
14 MOTHER'S		*						
Cath	erine	Anthe	S					
7 16 SOCIAL SECURITY NO. 17. INFORMANT				Add	ess			
None Paul Ston	er, 4	93 S.	Pot	omac	St.,	Way	nesb	oro, Pa
per fine for (o), (b), and (c).]							RVAL BE	
Thronic Brain Su	endr	سيد						Lary
_ //							0	
British arte in set		and the same of th					24	iers
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ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO					EN IN PA	RT 1(o) 1	WAS A	UTOPSY
il sessese; Calificati	in 12	utral ?	16-	luc			PERFO	NO Z
DESCRIBE HOW INJURY OCCURRED. Letter nature of	f injury in	Port I or Port	II of il	lem 18.)				
20d. INJURY OCCURRED 20e. PLACE OF INJURY (	Home, form	20f. (City	or law	n)		(County)	-	(State)
While Not while factory, street, affice of work of wark	bldg., etc	.) [						
ceased from 1 - 5 1962	lo 3	2 7	·	106	74-11	t	d.	-
19 6 2 and that death accurred at	"7 /	M. Comm	Ab. c	., 1722	emar i	IGST SO	w me	deceased
19.6.2., and that death accurred at		Trom, Trom ADDRESS (Str	ine est. cit	causes a	ina an i state)	ine dai		d above.
Wilty M.O. 9'9								1 9-62
1 comments	9 11 5	_ VOINTIC	<u> </u>			-		
· CV BLTY	4	agers	to	zvr		2	210	l.
22c. NAME OF CEMETERY OR CREMATORY		220. LOCATI	ON (C	ity, town, c	r county)		(State	)
Green Hill Cemeter	У	Wa	yne	sboro			Peni	na.
ADDRESS		D BY REGISTR					E	
Waynesboro, Penna.	DATEEB	21 '62		4	4.7 8.	Trans		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH funeral plnous I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY V'A SHING TON MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) lown) Write RURAL and give nearest town)
HAGLRSTOWN LIPE HAGEPSTOWN Pages d NAME OF HOSPITAL OR INSTITUT ON JIS not a. IS RESIDENCE g va street address) d. STREET ADDRESS WASHINGTON COUNTY ON A FARM? 386 N. PROSPICT YES NO NO completely 3. NAME OF Middle DATE Month Year DECEASED ETHEL. WILLDRED STURTY FFRFUAPY (Type or print) DEATH 19 F.S carbon 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS and last birthday) FEMALE WIDOWED DIVORCED 54 physician 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stele, or fore'gn country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if rehred; UAS.A. DRESS MFG. CO. MARYLAND 13. FATHERS DAN STATER please 14. MOTHER'S MAIDEN NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT HAGET TOWN (Yes, No (or unkown) (If yes give war or dates of service) ihe 27 6-19-1719 18 CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c). INTERVAL BETWEEN þ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stelling the underlying cause last. 0 CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18): 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIPE HOW INJURY OCCURED. Enter neture of njury in Part I or Part I of tem 18 ) 20a ACC DENT WAS JNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 200, PLACE OF INJURY (Home, Jarm. 20c. TIME OF INJURY Month, Dev Yeer 201. (City or town (County) factory, street, office b dg , etc.) While Not While at work el work 0 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on., , and that death occured at ... 22s. 5 GNATUR ATTENDING death. Page 4

CO FUNERAL

director, page 3

be filed with the PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN 236 BURIAL, CREMATION 236, DATE THEREO! HAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYPIL (See ty) HAVEN PEST YR AIS A' ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 15M 7 61

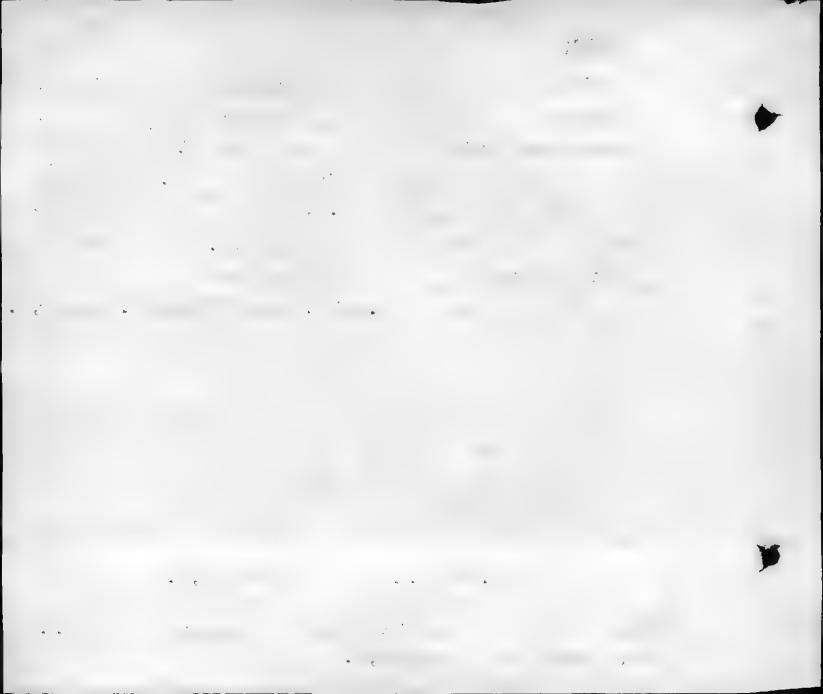
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



pue

FUNERAL

Q H ARYLAND STATE DEPARTMENT OF HEALTH



LARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. f institution: Residence before admission) COUNTY Washington Marvland 28 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Hagers own Hagerstown d NAME OF HOSPITAL OR INSTITUTION ( finor in hospital giv street address, d. STREET ADDRESS Guilford Guilford Ave. 3. NAME OF M ddie DECEASED (Type or print) ALFRED DEATH February 6. COLOR OR RACE 7. MARRIED X NEVER MARR ED 8. DATE OF BIRTH 9. AGE IIn years IF JNDER 1 YEAR and ast bithday) Months Days 24,1893 DIVORCED January physician 10a USUAL OCCUPATION (G vo kind of work 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerical Work New Oxford Cumberland Co.Pa . USA. Fairchild 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernice Avers 15. WAS DECEASED EVER NU.S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 73-03-3005 Ars. Fannie M. Trimmer, 753 Guilford Ave 18. CAUSE OF DEATH [Enter only one cluse per line for (a), ab), and (c) acute myocardul infare from (probuble) IMMEDIATE CAUSE (a) (b) Hypora trusi vz Carolio vas celar dis 2002 gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY 1 20d INJURY OCCURRED 1 2De. PLACE OF INJURY (Home, farm 20f. (City or lown) factory, street, office bldg., etc.) While Not White Hour a.m. at work 21. 1 certify that (1) (this hospita) attended the deceased from 11-15, 1941 to 2-261962 that (1) (we) last 12-22 1961, and that death occurred an 30 M, from the causes and on the date stated above saw the deceased alive on. ATTENDING 22a. SIGNATURE John It I tom Garres DIRECTOR PHYS. 22d ADDRESS 154 W. Washington St., 22c PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) Hagerstown, Md. ector, 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) の意思 Cedar Lawn Mem. Gardens, Hagerstown, Laryland. Burial 24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/60

Andrew K. Coffian Magerstown, Maryla d, Daylor

25a REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE

t Show & Marie

(County)

e. IS RES DENCE ON A FARM?

YES NO

1962

ONSET AND DEATH

Ferry minutes

PERFORMED? NO V

(State)

22b, DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institutions Residence before edmission) a. COUNTY **b.** COUNTY Washington MARYLAND b CITY OR TOWN (it outside corporate limits, c. C.TY OR TOWN (It outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown) Antietam Furnace Lifetime Rural Antietam Furnace 🔨 d NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d STREET ADDRESS Sharpsburg Md RFD #1 Sharpsburg 149 3. NAME OF DATE Month Middle DECEASE Type or print) DEATH Minnie Florence Tucker 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and ast birthday) Female WIDOWED A DIVORCED physician 10a USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Co. . & Stete, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)
HOUSEWITE Home Antietam Md. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending | Then please .⊑ Jacob Boyer Annie (Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give were redetes of service) Mrs. Alta Mae Reynolds Fairplay Md. 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), end (c),) PART I. DEATH WAS CAUSED BY, Acute right sided heart failure IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardio-vascular disease gave rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of Item 18 ) OR CONTRIBUTING [] CAUSE OF DEATH INF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Yeer 20d. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While at work st work 19.62, and that death occured at6....AM, from the causes and on the date stated above. saw the deceased alive on ... Feb. 2 ATTENDING DIRECTOR PHYS eath. Page 4 PHYS. 22d. ADDRESS Sharpsburg. death. P. CO FUNE director, I. be filed w 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) 23a BURIAL, CREMATION | 23b. DATE THEREOF REMOVAL (Specify) Sharpsburg At. View Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 .41

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

Yes

19

12. CITIZEN OF WHAT COUNTRY?

U.S.A

INTERVAL BETWEEN ONSET AND DEATH

instan

PERFORMED? NO

(51ete)

22b. DATE SIGNED

(Stefa)

Months

(County)

Md.

DATE FER



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b. COUNTY** Washington MARYLAND Maryland Allegany . C. LENGTH OF STAY IN 16 b. C TY OR TOWN (if outside comparate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town! Rt. # 1 Oldtown 21 dys. Hagerstown. d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? ă Sunny Flats YES NO A Western Md. State Hosp. 3. NAME OF Middle 4. DATE DECEASED Tda Ma e Twigg DEATH 1962 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. east binhday) Months Days 15. WIDOWED X DIVORCED [ Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Allegany Co. Maryland U. S. A. home Housewife pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Koontz ( Unknown ) Skellv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT permit. (Yes, no. or unkown) | (If yes give we ror detes of service) Mrs. Myrtle Redinger Rt. # Oldtown. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ] I-transit p ONSET AND DEATH Office alor burial-tran IMMEDIATE CAUSE (e) Lobular pneumonia, bilateral days DUE TO Fracture of hip, right (b) weeks gave rise to immediate cause U1 113 DUE TO (a), stating the underlying cause last. PART I, OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) (4) Parkinsonism. (1) Agranulocytosis. 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUT NG CAUSE OF DEATH. 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 20)
While Not While " factory, street, office bldg., etc.) (State) 20c TIME OF INJURY Month, Dev Year (County) Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection and in my opinion Inquiry 20 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner slease execute the standards to should be forwarded by FUNERAL DIRECT ITS designated agents. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 'NAME (Type) Address (Street city, town or county) 22a. BURIAL, CREMATION. 22c. NAME OF SEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) REMOVAL (Specify) Oldtown Cemetery 0 4 0 g Oldtown. Burial Marvland 23. FUNERAL DIRECTOR 24a REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cumberland. Md. V5. A15ME H. Wayne George ( ihur I Thomas 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



**VR A15 (4)** IIM 9/68

MARYLAND	STATE	DEPARTMENT	OF HEAL	.7
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ΓH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02475 CERTIFICATE OF DEATH 0246502465

1. PLACE OF DEATH  9. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
WASHINGTON MARYLAND	B. STATE B. COUNTY WASHINGTON
b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 1b	C CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown)
write RURAL and give nearest lown)	3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	HACERSTOWN  d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
GATEWAY CONVALESCENT HOME  3. NAME OF First Middle Middle	2523 PENNSYLVANIA AVENUE  OFF  Month  Dey  YES   NO XX
(Type or print)	INCER DEATH FEBRUARY 16 19 62
5. SEX CHARLES HENRY  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   1 8.	DATE OF BIRTH  9. AGE (in years   FUNDER   YEAR   IF UNDER 24 HRS.  lest birthdey   Months   Devs   Hours   Min.
MALE WHITE WIDOWED X DIVORCED J	ANUARY 6 1883 79 yrs.
done during most of working life, even if retired)	Y' 11. BIRTHPLACE (County & State, or fore on country)   12. CITIZEN OF WHAT COUNTRY?
CARPENTER SELF EMPLOYED	FRANKLIN COUNTY PENNA U.S.A.
APRAM UNCER  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17. EL	MAY POPER NFORMANT Address
(Yes, no, or unknown) ((fiyesgivewerordelesofservice)  NO  220-26-52964 MR	C HADI AN COOME HACEDOMOUNI MADNE AND
NO 220-26-5296A MR 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	S. HARLAN SCOTT HAGERSTOWN MARYLAND
MRT I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (6)   Cerebral	Cepoplexy onser and seath
DUE TO O	2 1/1
Conditions, if any, which \ (b) (Peleria	A teleroses 13 yrs,
geve rise to immediate cause	
(e), steting the underlying DUE TO	
cause lost, (c)	TARLATED TO THE TRANSPORT PROPERTY CONTRIBUTION CHARGE IN DARK 1 JULY 10 MAC ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY PERFORMED?
3 Troplatic resect	LOZE YES NO 🛭
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH UNDERLYING   THE THER, NOTIFY MEDICAL EXAMINED;	(Enler nature of injury in Pert I or Pert II of Item 18.)
	CE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stele)
	ory, street, office bidg., etc.)
p.m. 19 et work et work	1
21. I certify that (I) (this hospital) attended the deceased from:	
	death occured a 7.30 M, from the causes and on the date stated above.
22e SIGNATURE	D. PHYS. DIRECTOR PHYS. 2/20/SIGNED
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type) DAVID R BREWER M. D.	MAIN STREET CLEAR SPRING MARYLAND
23e. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY C	
REMOVAL (Specify)	TIA OTTO OTTO A STATE OF THE ST
BURIAL 2-19-62 REST HAVEN C	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SHIER POUZER FUNDRAL HOME HAGERSTOWN MA	BYT AND DATEFER 2 6 162 Lines & Thomas



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECOR ON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased inved, H institution, Residence before admission) a. COUNTY b. COUNTY Washinaton Washington MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town c. LENGTH OF STAY IN 16 DOWNS VILLE Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Woburn Manor Boarding Home 103 W. Franklin YES NO 3. NAME OF 4. DRTE Yeer DECEASED Type or print! Martin DEATH Wagonhouser 21 GEORGE 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 9. AGE (In years ) IF JNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male WIDOWED ICa. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! 9ce Co. USA Laborer Waunesboro Penna 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unkawn) | (Hyes give wer or detes of service) Mrs. Ethel Ralls 1710 Sherman Ave. Hagerstown. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: H FAROTION IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0. 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO N 20a. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Ifem 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a SIGNAZUR MED ATTENDING STAFF PHYS. DIRECTOR PHYS. 224. MIYSICIAN'S 22d. ADDRESS NAME (Type) Potomac St. Williamsport, Md. 230, BURIAL, CREMATION, 1 236 CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spesify) Rest Haven Cemeter 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR Rest Haven Funeral Chapel Hagerstown, Md. C viling S. Thruck C. Host

papers. in 72 ho

and

physician Femove

CIOR:

death. Page 4
TO FUNERAL

director,

VR A15 (4) 15M 7/61

Je:



> "

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02467

1,	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE [Where decessed fived, If Institution, Res	dence before admission)
	WASHINGTON MARYLAND	MARYI.AND b. COUNTY WASHT	NCTON
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
R	URAL HAGERSTOWN 15 YEARS	RURAL HAGERSTOWN	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress)	d. STREET ADDRESS	. IS RESIDENCE ON A FARM?
3.	ROUTE # 6 HAGERSTOWN MARYLAND		YES NO Dey Yeer
	DECEASED  [Type or print]  TT TO ANTIQUE	DEATH DEPOSITABLE 2	ح 10 / 0
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers 'IF UNDER I YE	
		SEPTEMBER 1 1879 82 yrs. Months De	ys Hours Min.
1D	e. USUAL OCCUPATION (Give kind of work need during most of working life, even if rehired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	HOMEMAKER	WASHINGTON COUNTY MD	S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	MONROE ZIMMERMAN	LEAH BITNER	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	
1.	27.0	RS. RUTH CREEN ROUTE #6 HACERST	OWN MD
	18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c).	The stock of the s	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		ONSET AND DEATH
	DUETO Conditions, If any, which \( \text{(b)} \) (b) (arkniv-clerosi		. /
	Conditions, if any, which \ (b) arthur cleron	<i></i>	Gears
	gave rise to immediate cause		7
	[a), stelling the underlying ceuse lest,		
Z	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART IN	all 19. WAS AUTOPSY
CATION	The state of the s		PERFORMED?
CERTIFIC	2De. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter neture of injury In Pert I or Pert II of IIem 18.)	
1	20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED 2De. PL/	ACE OF INJURY (Home, ferm. ; 20f. (C'ty or town) (County	(Stete)
MEDIC	Hour a.m., While Not While fec	tory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from.		that (I) (we) last
	saw the deceased alive on 14 ht 1967, and that	t death occured at 3.55 M, from the causes and on the	date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	Cawilson .	A.D. PHYS. DIRECTOR PHYS.	3101420
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) D WILSON M. D.	135 N. POTOMAC ST HAGERSTOWN	MARYLAND.
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
		METERY HAGERSTOWN MARYLA	ND
24	MUNICIAN DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIC	
	SUTER-ROUZER FUNERAL HOME HAGERSTOWN MAN	RYLAND DATE FEB 1 9 '62   Cuther 2. 1	Times





- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
,	Į	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN  O2469	D
i ip			
fune shou	M	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a. COUNTY  a. STATE  b. COUNTY	edmission)
hour the column the		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town)	wn]
iffin 2			RESIDENCE I A FARM?
uted w fetely f spers. P 72 hour	9	WASH. Co. HOSPITAL Middle 242 SOUTH MULBERRY ST. YES DECEASED Less 4. DATE Months Day Ye	ar
d comp bon pa		(Type or print) ANDEA LYN WILES FEBRUARY 24 19	62_ R 24 HRS.
icate b		TOO. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	COUNTRY?
sath certificating physician leas remove din any eve		13. FATHER'S NAME  HACETZSTOWN WASH CO.MD. U.S.A.	
be de	I)	WILLIAM WILES  15 WAS DECEASED EVER IN U.S. ARMED FORCEST TO SOCIAL SECURITY NO. 17. INFORMANT  242 S. MULBERRY ST.	-
es that the cian. by the atlermit. The		ONSET AND	ATHER ETWEEN DEATH
physi gned nsit po ion, o		PART I. DEATH WAS CAUSE (6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	م ∵ ست بها
he law rec tending ph been sign urial-transil , cremation		Conditions, if eny, which (b) gave rise to immediate cause  DUE TO	W 420
N: T or aff e has the br		causa last (c,	
Spital of tificate se as the per to be	2	PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS PERF	AUTOPSY ORMED?
PHYS the ho this cer d for ur		PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II(6) 19. ACCIDENT WAS UNDERLY NG 2 20b. DESCRIBE HOW INJURY OCCURED. (Enformature of injury in Port I or Port II of I/om 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING Ined by I. After detache		20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20d. (City or town) (County)  Hour e.m.  p.m. 19 at work et work	(Stete)
ratal ratal TOR I be o		21. I certify that (I) (this hospital) attended the deceased from	(we) last
office and a steel		saw the deceased alive on	
PITAL OF Sage 4 m		Charles & Henry Med. MED. STAFF PHYS. DIRECTOR PHYS	SIGNED
HOSPITAL Jeath. Page 4 PUNERAL Jirector, page 5		NAME (Type)	
death direct direct be fill	1	REMOVAL (Specify)	(State)
₩ ₩ VR A15 ¾,	,	DURIAL SEB. 26. 1962 DEAVER CREEK GENTERY SEAVER CREEK WASH.  24 FUNERAL DIRECTORS & CHATURE  ADDRESS 250. REGISTRAR 256, REGISTRAR'S SIGNATURE	( o - 1X)(
15M 7 61		John The Bust BoonsBoro MD OATE FEB 2 8 '62   Cirling & Fring	
		-1.21/210	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If institution, Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND b, CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 11 YEARS HAGERSTOWN HAGERSTOWN dire d NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address) d STREET ADDRESS 3 to the funeral retained he State B 1316 SALEM AVENUE 316 SALEM AVENUE 3. NAME OF M ddla 4. DATE Month DECEASED OF (Typa or print) DEATH WISHARD VERA JEAN PERUARY 5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years, IF UNDER 1 YEAR last birthday) pue Months A hours after of Pages 1, 2, and M3. Page II may 2 and 2 within 72 mount WIDOWED F DIVORCED WHITE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired! pages I within WATTRESS RESTAURANT BIG SPRINGS MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HERBERT MCALLISTER LTDA SHANK avent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Artifones (Yes, no, or unkown) (If yasgive werordetes of service) any 5-26-8452 FRED H WISHARD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)., Office along buriel-transit IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediata cause , vs 🔳 "pending DUE TO (a), stating the underlying Examiner 200 cause lest. cremation, PART I OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19, WAS AUTOPSY CERTIFICATION Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part ) of Itam 18.) PRIMARY FOR CONTRIBUTING [] CAUSE OF DEATH. m d 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. 20c. TIME OF INJURY Month, Day, Year fectory street, office blag., etc.) Whila Not While 2 - 18196 2 el work . el work A 21. I certify that I took charge of the remains described above, held an Autopsy Inspection õ DIREMI Suicide - Homicide death resulted from. Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER 215 W WASHINGTON ST DEPUTY EXAMINER'S NAME (Type) E.W.DITTO Address (Street, city, town, or county) HACERSTOWN 226. BURIAL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d, LOCATION (City, town, or country) REMOVAL (Specify) 0 <u>₽</u>40 MEMORIAL GARDEN HAGERSTOWN MARYLAND BURTIAL 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME FEB 2 6 '62 Cirilar S. Trace

SUTER-ROUZER FUNERAL HOME HAGERSTOWN MARYLAND

e. IS RESIDENCE

YES NO X

19 62

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED?

(Stota)

and in my opinion

DATE SIGNED

U.S.A.

Days

ON A FARM?

5M 7/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DI CHORY After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 [4]

1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH

	02/04	
	1. PLACE OF DEATH UAYOL	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
	Washington MARYLAND	Naryland Washington
	b. CITY OR TOWN (if outside corporete limits,	
	Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	Williamsport  d. STREET ADDRESS  o. IS RESIDENCE
		ON A FARM?
	125 N. Conococheague Street	Last 4. DATE Month Day Year
	DECEASED	OF
	DE VIOLE O	Young DEATH Feb. 22 19 62  8. DATE OF BIRTH  19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
	/. MARGED   NEVER MARKED	last birthday) Months L Days Hours 1 M.n.
	Male White WIDOWEDK DIVORCED 108. USJAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUS	NOV. 7 1870 91 yrs. 3 14   TRY   11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working Irle, even if retired)	7/1-
	Labor Lumber Co.	Downsville Md. U.S.A
1		
. )	Jeremiah Young  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Mary Elizabeth Thomas
	(Yes, no, or unkown)   (If yes give wer or deles of service)	2210 Gay Sta
	NO 220 18 2344 N 18. CAUSE OF DEATH [Enter only one causs of the far (a), (b), and (c).]	r J Lestar Young Hagerstown Maryland,
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH /
	IMMEDIATE CAUSE (6) _ TC; WWD Car	maxerianchow & minual
	DUETO	
	Conditions, if eny, which (b)	\\\\
	(e), slating the undarlying DUETO	
1	Cause last. (c)	HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
	200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCUR	P. (Enter nature of in vry in Pert I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH U IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, farm, 20f. (City or lown) County) (Steta)
	p.m. 19 at work det work	
	21 I certify that (I) (this hospital) attended the deceased from	1.2/2/(.2/19), to(
		at death occurred at
	228 SIGNOVIURE	ATTENDING MED. STAFF 276, SIGNED
	May aty own	M.D. PHYS. PHYS. PHYS. DIRECTOR PHYS.
	22c. PHYS CIAN'S/ NAME (Type)	22d. ADDRESS
	230, BURIAL, CREMITION, 236 DATE THEREOF 1236, NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	-REMOVAL (Sparify)	
	Burial Feb/ 25 -62 Riverview	Cemetery. Williamsport Plat y Lattu
	( Clerk Xeef Williamson 1)	
		DATE FB 2.7 '62   Calling & Hand

David de

VR A1S (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02472

1					
1.	PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before admission)			
1 4	Washington MARYLAND	* Maryland Washington			
-	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)			
	Hagerstown 1 Yr	03 Hagerstown			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	a. IS RESIDENCE			
		ON A FARM?			
2	Western Md State Hospital	1.004 Linwood Road YES NRK			
3.	DECEASED	01 01 OF E - D - 01			
	(Type or print) ANNA CARCE 2111/				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS, last birthday)  Months   Days   Hours   Min.			
	Temale White WIDOWED XX DIVORCED	July 30 1873   88 ya.			
10	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign (equatry) 12. CITIZEN OF WHAT COUNTRY?			
	lousewife Own Home	Frederick Frederick Co USA			
	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Calvin A. Rhodes	Susan C. Steiner			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	INFORMANT Address			
(A	as, no, or unkown) (Hyesgivawarerdalesofservice) None Mrs	Frideshoah Bernedan 2004 II.			
-	NO NONE MYS	Elizabeth Bragunier 1004 LinwoodRd			
	A CANAL DESCRIPTION OF THE PARTY OF THE PART	ONSE AND DEATH			
	IMMEDIATE CAUSE (a) LOBULOR PM	EUMONIA 5 days			
	DUE TO	1 . 1 +			
	conditions, if any, which \ (b) carcinoma of breast, nt., recurrent 18 years				
	gave rise to immediate cause [a), stating the undarlying DUE TO				
	causa last. (c)				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
FA	Diabetes	Mellitus - YES IP NO [			
CERTIFICATION		), (Enter natura of injury in Part I or Part II of itam 18.)			
ĕ	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]				
3		CE OF INJURY (Homa, farm,   201. (City or town) (County) (Stafe)			
MEDICAL	nour s.m.	lory, straat, offica bldg., mtc.)			
Σ	p.m. 17	1-17			
	21. I certify that (I) (the business) attended the deceased from.	2-27-, 196/, to 2-8-, 1962 that (1) (=) last			
	saw the deceased alive on 2-8- 1962, and that	death occured at 9. P.M. from the causes and on the date stated above.			
	22a. SIGNATURE	220. VAIE			
	Victor L. Ramas M	.D. PHYS. DIRECTOR PHYS. TEb. 9,1962			
	22c. PHYSICIAN'S NAME (Type) Uje TOR L. Ramos, M.D.	22d. ADDRESS Western Md. State Hespital			
	VICTOR L. Famos, M.D.	Hagersrown, md.			
23	BURIAL, CREMATION. 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)			
	Burial 2/12/63 Mt Hope Cemet	ery Woodsboro Fred Co Md			
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
	Andrew K. Coffman Hagerstown Mc	DATEFER 1 3 '62 Cultur S. France			
	THE THE THE THE TENTE AND THE WAY	4			

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MARYLAND STATE DEPARTMENT OF HEALTH

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